

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) ▼

9900 Bren Road East

☐ Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00274431

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☒ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
08 01 2015

through

M M M / D D D / Y Y Y Y Y Y
08 31 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer

Susan Sherwood

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 18 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
08 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		225407.90
(b) Cash on Hand at Beginning of Reporting Period.....	292597.94	
(c) Total Receipts (from Line 19)	59656.81	546147.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	352254.75	771555.50
7. Total Disbursements (from Line 31)	134600.00	553900.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	217654.75	217654.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	56559.68	437840.84
(ii) Unitemized	3097.13	107806.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	59656.81	545647.60
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	59656.81	545647.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	500.00
18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59656.81	546147.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59656.81	546147.60

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63000.00	442500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	1850.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	1850.75
29. Other Disbursements	71500.00	109450.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	134600.00	553900.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	134600.00	553900.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	59656.81	545647.60
34. Total Contribution Refunds (from Line 28(d))	100.00	1850.75
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59556.81	543796.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LISA M IVERSON

Mailing Address 13341 CARRACH AVENUE

City
ROSEMOUNT

State Zip Code
MN 55068-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : 38504014

Amount of Each Receipt this Period

38.46

Full Name (Last, First, Middle Initial)

B. MEGHAN ROSE PASSINEAU

Mailing Address 4 BUROAK DRIVE

City
HOPEWELL JUNCTION

State Zip Code
NY 12533-6434

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Assc Dir Bus Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.68

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 14 / 2015

Transaction ID : 38504587

Amount of Each Receipt this Period

14.04

Full Name (Last, First, Middle Initial)

C. LISA M IVERSON

Mailing Address 13341 CARRACH AVENUE

City
ROSEMOUNT

State Zip Code
MN 55068-4774

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

858.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : 38524150

Amount of Each Receipt this Period

205.13

SUBTOTAL of Receipts This Page (optional)..... ►

257.63

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ADREAN SCHEID ROTHKOPF

Mailing Address 7205 LOCH LOMOND DRIVE

City

BETHESDA

State

MD

Zip Code

20817-4633

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP External Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 28 / 2015

Transaction ID : 38524751

Amount of Each Receipt this Period

277.77

Full Name (Last, First, Middle Initial)

B. ELENA TUBB

Mailing Address 14739 CATLIN RD

City

ORLANDO

State

FL

Zip Code

32828-7307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2015

Transaction ID : 38586300

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totaling \$100.00 This
changes the YTD Total to \$0.00

Full Name (Last, First, Middle Initial)

C. DEBORAH S STREB

Mailing Address 2201 NORTH STAR ROAD

City

UPPER ARLINGTON

State

OH

Zip Code

43221-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1159794138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.77

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City

TRUMBULL

State

CT

Zip Code

06611-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

E&I NA VP Sls Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159803838775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City

SENECA

State

SC

Zip Code

29672-6764

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SCE 3 NAs Ind Contr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159805538775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City

LINCOLN

State

NE

Zip Code

68510-5159

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159806038775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WAYNE F COOK

Mailing Address 1022 GLENDEVON DRIVE

City	State	Zip Code
AMBLER	PA	19002-1859

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1159812838775

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City	State	Zip Code
EDINA	MN	55439-1708

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 PRES & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1159814738775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK J ERLANDSON

Mailing Address 1000 OLD LONG LAKE ROAD

City	State	Zip Code
WAYZATA	MN	55391-9690

FEC ID number of contributing federal political committee.

C

 Name of Employer
 UHC International Services Inc

 Occupation
 SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1159815938775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

889.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City

WAYZATA

State

MN

Zip Code

55391-2259

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159816638775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City

WAYZATA

State

MN

Zip Code

55391-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Group

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159816938775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City

AMBLER

State

PA

Zip Code

19002-1530

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159817438775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

684.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City
DALLASState
TXZip Code
75220-1909FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159819138775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City
HIGHLAND PARKState
NJZip Code
08904-1851FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159820238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD J MIGLIORI

Mailing Address PO BOX 72

City
WAYZATAState
MNZip Code
55391-0072FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Consumr Hlth Med Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1159827438775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

328.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City
FLORISSANTState
MOZip Code
63031-8633FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR1159828738775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City
MINNETRISTAState
MNZip Code
55364-7708FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR1159830038775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. ANTHONY WELTERS

Mailing Address 919 SAIGON ROAD

City
MCLEANState
VAZip Code
22102-2116FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Advsr to Office of CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR1332013238775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

792.28

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City

LOMBARD

State

IL

Zip Code

60148-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Care Advo

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1551005738775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City

WETHERSFIELD

State

CT

Zip Code

06109-2746

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1551128938775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City

SOUTH GLASTONBURY

State

CT

Zip Code

06073-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1551133438775

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

293.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 14 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City

SOUTH WINDSOR

State

CT

Zip Code

06074-2142

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

990.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR1554323538775

Amount of Each Receipt this Period

110.00

P/R Deduction (\$55.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City

MISSOURI CITY

State

TX

Zip Code

77459-4111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR1554324638775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City

PRIOR LAKE

State

MN

Zip Code

55372-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR1575957638775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

533.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City
NEW HOPEState
PA
Zip Code
18938-5622FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1575958138775

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City
EDINAState
MN
Zip Code
55424-1514FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Pres Lif Scis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1575958538775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAURA A CAHILL

Mailing Address 24 LAKE SIDE ROAD

City
MOUNT KISCOState
NY
Zip Code
10549-4204FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Sr Sols Sls Exec Optuml

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1580863638775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

566.52

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City	State	Zip Code
EDINA	MN	55424-1130

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1580865338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City	State	Zip Code
VICTORIA	MN	55386-3706

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP COO of Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1596304138775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THAD C JOHNSON

Mailing Address 9741 GLACIER BAY

City	State	Zip Code
EDEN PRAIRIE	MN	55347-2615

FEC ID number of contributing federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1596304338775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

784.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL J SCHUMACHER

Mailing Address 5401 LARADA LANE

City
EDINAState
MNZip Code
55436-1024FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1596305438775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City

LONG LAKE

State

MN

Zip Code

55356-9312

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1596305638775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City

TAMPA

State

FL

Zip Code

33606-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR1596306938775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

615.36

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT W OBERRENDER

Mailing Address 4505 MOORLAND AVENUE

City
EDINAState
MNZip Code
55424-1158FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Treasurer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1596307038775

Amount of Each Receipt this Period

220.00

P/R Deduction (\$110.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL J ANDERSON

Mailing Address 17907 INVERNESS CURVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2155

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1596309338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DIANE BEDNAR FLYNN

Mailing Address 3318 FOXRIDGE CIRCLE

City

TAMPA

State

FL

Zip Code

33618-2149

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Regn Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1596309738775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

326.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY P DOOLEY

Mailing Address 1142 GREENBROOK DRIVE

City
DANVILLE

State Zip Code
CA 94526-4306

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596312138775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KURT A HEUMANN

Mailing Address 9825 GERALD DR

City
SAINT LOUIS

State Zip Code
MO 63128-1767

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596313738775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KATHLEEN A MALLATT

Mailing Address 4304 SOUTH 167 AVENUE

City
OMAHA

State Zip Code
NE 68135-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596315438775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. **JOHN H RENNICK JR**

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City
CHARLOTTE

State Zip Code
NC 28269-7705

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596316838775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. **DANIEL I ROSENTHAL**

Mailing Address 109 SLEEPY HOLLOW LANE

City
ORINDA

State Zip Code
CA 94563-1340

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Ntwk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596317338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. **KEVIN J RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City
SILVER SPRING

State Zip Code
MD 20905-5028

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP, Hlth Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1596317438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

423.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID C STURKEY

Mailing Address 1625 CONE FLOWER WAY

City	State	Zip Code
SUWANEE	GA	30024-8576

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1596318438775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City	State	Zip Code
CIRCLE PINES	MN	55014-5488

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1596318938775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY ALAN TODD

Mailing Address 467 PRAIRIE WAY SOUTH

City	State	Zip Code
BAYPORT	MN	55003-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1596319038775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

151.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. M LAURIE WASSERSTEIN

Mailing Address 92 GOODWIN CIRCLE

City

HARTFORD

State

CT

Zip Code

06105-5205

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1596319538775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City

MEDINA

State

MN

Zip Code

55340-9390

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1596319638775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City

CHESTER

State

NJ

Zip Code

07930-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR1600597338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

156.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City
SAINT PAUL

State Zip Code
MN 55105-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP GM PCM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1600598538775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City
EDINA

State Zip Code
MN 55424-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Clin Advancement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1600598738775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MATTHEW W PETERSON

Mailing Address 2260 FOX STREET

City
ORONO

State Zip Code
MN 55356-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO Ancillary & Ind/Sgt CAO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1602669938775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY W MALONEY

Mailing Address 6327 PASADENA POINT BLVD S

City State Zip Code
 GULFPORT FL 33707-3867

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1613243538775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City State Zip Code
 BURLINGTON CT 06013-1327

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1653443138775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55416-4346

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Sls Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1653444338775

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

347.70

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City

WEST SIMSBURY

State

CT

Zip Code

06092-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1653445838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ELIZABETH DARCIE CORBIN

Mailing Address 7985 LEA CIRCLE

City

BLOOMINGTON

State

MN

Zip Code

55438-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Hlth Care Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1312.86

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1669432238775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City

GREAT FALLS

State

VA

Zip Code

22066-1342

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1806444738775

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

356.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City
GREENWOOD

State Zip Code
IN 46143-9211

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Prov Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1806750138775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL M EMERSON

Mailing Address 18855 MEADOW VIEW BLVD

City
PRIOR LAKE

State Zip Code
MN 55372-3133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum360 Services Inc

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1806750338775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CATHERINE K ANDERSON

Mailing Address 57 SIMMONS LANE

City
SEVERNA PARK

State Zip Code
MD 21146-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR1903550738775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

294.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHLEEN L BISHOP-HEROUX

Mailing Address 145 COTTAGE RD

City
ENFIELD

State
CT

Zip Code
06082-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1903560838775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT J DUFEK

Mailing Address 816 PROMONTORY PLACE

City
EAGAN

State
MN

Zip Code
55123-2297

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1903577138775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN B EDBERG

Mailing Address 9727 WELLINGTON RIDGE

City
WOODBURY

State
MN

Zip Code
55125-9592

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1903578138775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

290.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER T JOHNSON

Mailing Address 12880 53RD STREET NORTH

City

STILLWATER

State

MN

Zip Code

55082-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1903591138775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEVEN F PENN

Mailing Address 6766 IDLEWOOD WAY

City

EDEN PRAIRIE

State

MN

Zip Code

55346-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1903612938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN C SANTELLI

Mailing Address 20030 EXCELSIOR BLVD

City

EXCELSIOR

State

MN

Zip Code

55331-8727

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP CIO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR1903622038775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

306.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI A STEERUP

Mailing Address 7019 DONLEA LANE

City

EDEN PRAIRIE

State

MN

Zip Code

55346-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1903628638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL D WEYMOUTH

Mailing Address 317 WRIGHTS MILL RD

City

COVENTRY

State

CT

Zip Code

06238-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1903636938775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City

MAGALIA

State

CA

Zip Code

95954-9791

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR1910417438775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

89.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City
ONEIDA

State Zip Code
WI 54155-8632

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119466838775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City
LAGUNA NIGUEL

State Zip Code
CA 92677-5327

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119468038775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City
SAN DIEGO

State Zip Code
CA 92154-2537

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Mktg Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119469438775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. COLLEEN CAMPBELL

Mailing Address 4936 LONGMEADOW PARK ST

City State Zip Code
 ORLANDO FL 32811-7485

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119469938775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD A CROSS

Mailing Address 11361 DONOVAN ROAD

City State Zip Code
 ROSSMOOR CA 90720-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119471838775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KENNETH R DAVIS

Mailing Address 315 N 71ST ST

City State Zip Code
 SEATTLE WA 98103-5019

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119472538775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City

LONG BEACH

State

CA

Zip Code

90815-3023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief of Staff

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

342.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119472638775

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City

GREEN BAY

State

WI

Zip Code

54313-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119472838775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. AMY J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City

DE PERE

State

WI

Zip Code

54115-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clms

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119475238775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

108.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 33 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City

SAN CLEMENTE

State

CA

Zip Code

92673-7044

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119476738775

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MADELINE L HARLAN

Mailing Address 3444 CORTES PLACE

City

ROUND ROCK

State

TX

Zip Code

78665-5666

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119476938775

Amount of Each Receipt this Period

28.90

P/R Deduction (\$14.45 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SAMUEL W HO

Mailing Address 4220 OCEAN DR

City

MANHATTAN BEACH

State

CA

Zip Code

90266-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp Chief Clin Off

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2768.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119477938775

Amount of Each Receipt this Period

307.60

P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

606.50

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRIAN JEFFREY

Mailing Address 9 RIMROCK

City State Zip Code
 IRVINE CA 92603-3604

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Regn Pres Ntwk Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2119479138775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN D JONES

Mailing Address 725 N RANCHO SANTIAGO BLVD

City State Zip Code
 ORANGE CA 92869-1951

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2119479238775

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK C KNUTSON

Mailing Address 19312 FAIRHAVEN EXT

City State Zip Code
 SANTA ANA CA 92705-6310

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2119480238775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City
GREEN BAYState
WIZip Code
54313-7286FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

IT Database Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2119482238775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City
SAN ANTONIOState
TXZip Code
78232-4902FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2119482538775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY S MASON

Mailing Address 6318 DWANE AVENUE

City
SAN DIEGOState
CAZip Code
92120-3836FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2119483038775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT A NEURURER

Mailing Address 23822 VIA MONTE

City State Zip Code
COTO DE CAZA CA 92679-4001

FEC ID number of contributing federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2119484938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEITH E NYGARDMailing Address 1139 E OCEAN BOULEVARD
#106

City State Zip Code
LONG BEACH CA 90802-6521

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Compli Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2119485038775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313-5841

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Mgr Sls Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2119485238775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

98.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LYNDA A PAXSON

Mailing Address 3924 E GARNET PL

City	State	Zip Code
HIGHLANDS RANCH	CO	80126-5044

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Field Acct Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119485838775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City	State	Zip Code
SUGAR LAND	TX	77479-3316

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Utilization Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119486338775

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City	State	Zip Code
DE PERE	WI	54115-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119486438775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

104.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City

GREENSBORO

State

NC

Zip Code

27408-3868

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2430.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119486738775

Amount of Each Receipt this Period

270.00

P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City

TUCSON

State

AZ

Zip Code

85718-3371

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Strat Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119486838775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES E PROCHNOW

Mailing Address 143 RUSTIC OAK DRIVE

City

LUXEMBURG

State

WI

Zip Code

54217-7320

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119487238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

498.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City
IRVINE

State
CA

Zip Code
92603-0621

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Bus Anlys Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119487938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARILYNN D STYERS

Mailing Address 8027 LAKERIDGE DR SE

City
LACEY

State
WA

Zip Code
98503-4129

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119490738775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHERYL TANIGAWA MD

Mailing Address 5598 NAPLES CANAL

City
LONG BEACH

State
CA

Zip Code
90803-4018

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Entrprs Hlth Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1442.25

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119491138775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHERYL A THOMSON

Mailing Address 222 FOREST DR

City

SOBIESKI

State

WI

Zip Code

54171-9748

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119491638775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEVEN M TUCKER

Mailing Address 12331 COUNTRY LANE

City

SANTA ANA

State

CA

Zip Code

92705-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1728.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119492038775

Amount of Each Receipt this Period

192.00

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SUSAN VANASTEN

Mailing Address N2249 NICOLE COURT

City

KAUKAUNA

State

WI

Zip Code

54130-9462

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Site Dir Medicr Ins Slis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119492638775

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

302.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City
OCONTOState
WIZip Code
54153-9268FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119493238775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City
PHOENIXState
AZZip Code
85022-3329FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119493538775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City
SANTA ANAState
CAZip Code
92705-2649FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2119494138775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

113.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. GEORGE M YOUNG

Mailing Address 36296 N 98TH WAY

City

SCOTTSDALE

State

AZ

Zip Code

85262-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2119494438775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN TYLER J MASON

Mailing Address PO BOX 2083

City

CYPRESS

State

CA

Zip Code

90630-1583

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2126373838775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. FORREST G BURKE

Mailing Address 380 LEAF STREET

City

ORONO

State

MN

Zip Code

55356-9733

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Pres PS Labor Trust

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2133132438775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

614.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City

WEST SUFFIELD

State

CT

Zip Code

06093-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Clms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2133132538775

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City

SAINT PAUL

State

MN

Zip Code

55105-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2133132638775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BROR O HULTGREN

Mailing Address 408 22ND ST

City

GOLDEN

State

CO

Zip Code

80401-2452

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2133133238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

246.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436-2530

FEC ID number of contributing federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Regn Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2133133638775

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016-2119

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres Insurance Sols

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2133133838775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City State Zip Code
HOUSTON TX 77096-1510

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2133133938775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

486.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 45 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City	State	Zip Code
MINNEAPOLIS	MN	55419-1349

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Fin Plng Anlys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2133134238775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339-3124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2133134638775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City	State	Zip Code
WESTERVILLE	OH	43082-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2145728438775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

511.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City
AUSTIN

State
TX

Zip Code
78737-9358

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2145729538775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANNETTE L SMITH

Mailing Address 4200 ALDEN DRIVE

City
EDINA

State
MN

Zip Code
55416-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2145729938775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARGARET W SPARKS

Mailing Address 26091 RED CORRAL ROAD

City
LAGUNA HILLS

State
CA

Zip Code
92653-6310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2145730238775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

516.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City

IRVINE

State

CA

Zip Code

92603-0212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3269.10

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2162867638775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City

MAINEVILLE

State

OH

Zip Code

45039-7720

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA VP Sls Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

207.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2203967538775

Amount of Each Receipt this Period

23.08

P/R Deduction (\$11.54 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City

NEW HOPE

State

MN

Zip Code

55427-2622

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Strat Initiv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225166738775

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

638.44

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City

FARMINGTON

State

CT

Zip Code

06032-1444

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Hlth Advancement

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225813638775

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. NANCY SUSAN CARRUTH

Mailing Address 753 WOOD HILL DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317-9561

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT Proj Mgmt

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225818438775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL MCGUIRE

Mailing Address 437 DRURY LANE

City

WYCKOFF

State

NJ

Zip Code

07481-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225818838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

222.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City
PRIOR LAKE

State Zip Code
MN 55372-1834

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Chief Acctng Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225819338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City
NAPERVILLE

State Zip Code
IL 60540-5817

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
RVP CInt Mgmt Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225819638775

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROY THOMAS SAILOR

Mailing Address 276 COYOTE WILLOW DRIVE

City
COLORADO SPRINGS

State Zip Code
CO 80921-7631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2225819738775

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL LEE CORNE

Mailing Address 12642 CHIEFS COURT

City
FISHERS

State
IN

Zip Code
46037-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2231346938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City
INDIANAPOLIS

State
IN

Zip Code
46256-8408

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2231347238775

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City
SAINT PAUL

State
MN

Zip Code
55116-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Chief Tech Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2247625838775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

288.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City

WHITE PLAINS

State

NY

Zip Code

10605-5424

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2247626838775

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City

MINNETRISTA

State

MN

Zip Code

55364-3201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2247627038775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City

COS COB

State

CT

Zip Code

06807-2621

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2247627338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.70

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 52 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City	State	Zip Code
WEST SIMSBURY	CT	06092-2017

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2247627438775

Amount of Each Receipt this Period

115.40

P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SANJAY GARODIA

Mailing Address 282 MIDDLEDAUGH

City	State	Zip Code
CLARENDON HILLS	IL	60514-1067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2247627838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City	State	Zip Code
DULUTH	GA	30097-6621

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2247628038775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

384.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City

WAYZATA

State

MN

Zip Code

55391-1550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mkt Group COO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2259738438775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER L CRONNMailing Address 1122 COLORADO STREET
SUITE 2399

City

AUSTIN

State

TX

Zip Code

78701-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2270522938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MJ FRASCINO

Mailing Address 7 PIONEER DRIVE

City

ELLINGTON

State

CT

Zip Code

06029-3221

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Mktg

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2402316538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

298.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City State Zip Code
JAMESTOWN NC 27282-8717

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402317738775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City State Zip Code
SAINT LOUIS PARK MN 55416-1933

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402317938775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAKE LOGAN

Mailing Address 4826 EAST CALLE REDONDA

City State Zip Code
PHOENIX AZ 85018-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402318238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

272.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STACY S MCGRATH

Mailing Address 5801 CHOWEN AVE S

City
EDINAState
MNZip Code
55410-2759FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2402318538775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHELLEY WIKE CRANLEY

Mailing Address 3801 MAURICE COURT

City
LAS VEGASState
NVZip Code
89108-5245FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2402444438775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City
WAUSAUState
WIZip Code
54401-8543FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
CEO TPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2402445038775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMES H BECKER

Mailing Address 378 FERNDALE ROAD WEST

City

WAYZATA

State

MN

Zip Code

55391-1559

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402445138775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES C COLEMAN

Mailing Address 4720 WEST 66TH STREET

City

EDINA

State

MN

Zip Code

55435-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Grp SVP, Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402445238775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-4726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2402445638775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

970.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOY O HIGA

Mailing Address 2208 ELM AVENUE

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2809

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Regl Affs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2402446238775

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-5234

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP External Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2405428838775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City

LITCHFIELD PARK

State

AZ

Zip Code

85340-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2408544838775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

484.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHLYN G WEE

Mailing Address 2225 46TH ST NW

City
WASHINGTONState
DCZip Code
20007-1032FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
SVP State SIs OptumI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2408545038775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY SEAN CORZINE

Mailing Address 9350 TRACEYTON DRIVE

City
DUBLINState
OHZip Code
43017-9689FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2437119738775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM A HAGAN

Mailing Address 6536 E GREYTHORN DRIVE

City
SCOTTSDALEState
AZZip Code
85266-6761FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Chief Growth Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2437120038775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

156.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RITA FAYE JOHNSON-MILLS

Mailing Address 235 GOVERNORS WAY

City

BRENTWOOD

State

TN

Zip Code

37027-8931

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437120138775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City

SCOTTSDALE

State

AZ

Zip Code

85250-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Seg Chief Med Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437120538775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAUL JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City

BROOKLYN PARK

State

MN

Zip Code

55443-1754

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1080.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437120738775

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City
WOODBURY

State Zip Code
MN 55129-4282

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437121538775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN W COSGRIFF

Mailing Address 1837 SUMMIT LANE

City
MENDOTA HEIGHTS

State Zip Code
MN 55118-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Strategy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437121638775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PETER W RAINEY

Mailing Address 3115 WEST 47 STREET

City
MINNEAPOLIS

State Zip Code
MN 55410-1857

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2070.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2437127538775

Amount of Each Receipt this Period

230.00

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

692.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBIN E LIPPERT

Mailing Address UNIT 9600 BOX 2

City

State

Zip Code

DPO

AP

96209-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP External Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.58

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2439928038775

Amount of Each Receipt this Period

384.62

P/R Deduction (\$192.31 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City

State

Zip Code

CHEVY CHASE

MD

20815-3720

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2444265738775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DONALD S LANGER

Mailing Address 5110 OAK RAMBLING DRIVE

City

State

Zip Code

KATY

TX

77494-1971

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2445015438775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

624.62

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 62 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. NANCY A LIND

Mailing Address 2703 NORTHVIEW LANE

City
CEDAR FALLSState Zip Code
IA 50613-1655FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2445016238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AMY R ADLINGTON SHKABERIN

Mailing Address 4329 EWING AVE S

City
MINNEAPOLISState Zip Code
MN 55410-1342FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2445016438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LILLI ANN HIRSH

Mailing Address 7379 DEVIN LANE

City
SHAKOPEEState Zip Code
MN 55379-7029FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : PR2445016738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

248.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 63 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID B SIEGEL

Mailing Address 264 LAKEWOOD DRIVE

City	State	Zip Code
BLOOMFIELD HILLS	MI	48304-3531

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2445017138775

Amount of Each Receipt this Period

91.26

P/R Deduction (\$45.63 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City	State	Zip Code
SHOKAN	NY	12481-5400

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2460167238775

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DANIEL KRAJNOVICH

Mailing Address 9958 BUTTOWDOWN LANE

City	State	Zip Code
ZIONSVILLE	IN	46077-8135

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2460167338775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

186.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JUNE THIELEN

Mailing Address 6245 WAKEFIELD COURT

City

SHAKOPEE

State

MN

Zip Code

55379-7091

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2460167538775

Amount of Each Receipt this Period

27.60

P/R Deduction (\$13.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LARRY C RENFRO

Mailing Address 5 DOVE LANE

City

ANDOVER

State

MA

Zip Code

01810-2845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VICE CHAIRMAN & CEO Optum

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2460168138775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City

PLYMOUTH

State

MN

Zip Code

55441-2229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2460168238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

604.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 65 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City	State	Zip Code
WEST BLOOMFIELD	MI	48324-3081

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

576.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2463723138775

Amount of Each Receipt this Period

64.00

P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SUE SCHICK

Mailing Address 1220 DENBIGH LANE

City	State	Zip Code
WAYNE	PA	19087-4644

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Growth Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2480620538775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER MARK ABBOTT

Mailing Address W154N6076 HICKORY HOLLOW CT

City	State	Zip Code
MENOMONEE FALLS	WI	53051-5891

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2484541538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

476.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MATTHEW A BURNS

Mailing Address 716 ROAD NOT TAKEN

City
EDMOND

State Zip Code
OK 73034-0817

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2484541738775

Amount of Each Receipt this Period

47.60

P/R Deduction (\$23.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City
BLUE BELL

State Zip Code
PA 19422-1371

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2484542138775

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK A PHILLIPS

Mailing Address 1760 LUCY RIDGE CT

City
CHANHASSEN

State Zip Code
MN 55317-7661

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2484542638775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

299.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City
CINCINNATI

State
OH

Zip Code
45255-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2486697838775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS B MANDERFELD

Mailing Address 3760 WEST CALHOUN PARKWAY

City
MINNEAPOLIS

State
MN

Zip Code
55410-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Capital Mkt Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2486697938775

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DIRK C MCMAHON

Mailing Address 60 WILDHURST ROAD

City
EXCELSIOR

State
MN

Zip Code
55331-8461

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP ENTRPRS OPS/TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2491457038775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

664.60

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DONALD H NATHAN

Mailing Address 275 GREENWICH STREET #30

City
NEW YORK

State Zip Code
NY 10007-2150

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SVP Chief Comm Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2491457338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City
CHICAGO

State Zip Code
IL 60611-7435

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO E&I Regions

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2491457338775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARTIN C TOOMB

Mailing Address 4 STANLEY TERRACE

City
DOVER

State Zip Code
NJ 07801-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2538641538775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

608.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KARA V SMITH

Mailing Address 610 CRESTWOOD DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22302-2533

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2540175338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. HYLLIUS R EDWARDS

Mailing Address 1541 S VINE STREET

City

DENVER

State

CO

Zip Code

80210-2835

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2541300438775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICIA A PURDY

Mailing Address 7417 LYNNHURST STREET

City

CHEVY CHASE

State

MD

Zip Code

20815-3101

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1766.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2541300638775

Amount of Each Receipt this Period

196.30

P/R Deduction (\$98.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

680.90

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOELLE M TIERNEY

Mailing Address 5710 TAYCHOPERA RD

City
MADISON

State Zip Code
WI 53705-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2541300738775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN VERSAGGI

Mailing Address 800 ALBANY AVENUE

City
ALEXANDRIA

State Zip Code
VA 22302-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2541300838775

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRENDAN HOSTETLER

Mailing Address 2309 W WINNEMAC AVE

City
CHICAGO

State Zip Code
IL 60625-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2542541938775

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

329.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD E RAMSAY

Mailing Address 543 E LURAY AVE

City

ALEXANDRIA

State

VA

Zip Code

22301-1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR254254238775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. IPYANA SPENCER

Mailing Address 4226 40TH STREET NORTH

City

ARLINGTON

State

VA

Zip Code

22207-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2542542338775

Amount of Each Receipt this Period

60.00

P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANNE YAU

Mailing Address 9905 WOODLAND DRIVE

City

SILVER SPRING

State

MD

Zip Code

20902-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

658.22

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2543582538775

Amount of Each Receipt this Period

85.46

P/R Deduction (\$42.73 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

245.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHANTA G COMBS

Mailing Address 4229 SUMMERTREE DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32311-3331

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552313538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEANNE M PACE

Mailing Address 458 MORENO ROAD

City

WYNNEWOOD

State

PA

Zip Code

19096-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Sr Acct Exe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552313738775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City

PORT JEFFERSON

State

NY

Zip Code

11777-1053

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552960238775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

539.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEVIN BROOKS

Mailing Address 2750 FOUNTAIN LANE NORTH

City
PLYMOUTH

State Zip Code
MN 55447-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552961038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARK A BRUNELL

Mailing Address 20 VERMILION CLIFFS

City
ALISO VIEJO

State Zip Code
CA 92656-8096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552961238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEREMY VAUGHN BRYANT

Mailing Address 4534 MYSTIQUE WAY

City
ROSWELL

State Zip Code
GA 30075-2087

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552961338775

Amount of Each Receipt this Period

70.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

126.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 74 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL A EHLMAN

Mailing Address 10051 VALLEY RIDGE COURT

City
LAS VEGASState
NVZip Code
89148-7602FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of NevadaOccupation
Dir Apps Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552962238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SCOTT F FLANNERY

Mailing Address 8508 TRELADY CT

City
PLANOState
TXZip Code
75024-6827FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Regn Growth Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552962338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM W GWINN JR

Mailing Address 9302 CENTURY OAK COURT

City
BRENTWOODState
TNZip Code
37027-3321FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Proj Rsch Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2552962638775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

134.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CLAIRE L HANNAN

Mailing Address 25932 PORTAFINO DRIVE

City State Zip Code
MISSION VIEJO CA 92691-5716

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2552962738775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GREGORY J JAMES

Mailing Address 2323 KINGS POINT DRIVE

City State Zip Code
LARGO FL 33774-1009

FEC ID number of contributing federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Sr Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2552963238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NARASIMHAN KIDAMBI

Mailing Address 18477 85TH AVE N

City State Zip Code
MAPLE GROVE MN 55311-1663

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2552963838775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

310.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 76 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JULIE K MACLEOD

Mailing Address 15314 JEFFERS PASS NW

City
PRIOR LAKEState Zip Code
MN 55372-3614FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552964438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHELLE MARTO

Mailing Address 149 WILLIAMSBURG COURT

City
ALBANYState Zip Code
NY 12203-5502FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552964738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CARL A MATTSON

Mailing Address 539 ROUTE 9P

City
SARATOGA SPRINGSState Zip Code
NY 12866-7279FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552964838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL D MORRIS

Mailing Address 2624 N HARTLAND COURT

City
CHICAGO

State
IL

Zip Code
60614-4955

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.84

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552965038775

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LESLIE K PAULUS

Mailing Address 305 E TUCKEY LN

City
PHOENIX

State
AZ

Zip Code
85012-1048

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552965238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GARY W PEKA

Mailing Address 8350 CRABAPPLE COURT

City
VICTORIA

State
MN

Zip Code
55386-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Six Sigma Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2552965338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DONALD W POTTER JR

Mailing Address 116 FULLER LANE

City
WINNETKAState
ILZip Code
60093-4213FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA VP Clnt Relationship

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2552965438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KRISTINE G SAMSEL

Mailing Address 91 WAVERLY RD

City
HUNTINGTONState
CTZip Code
06484-5835FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2552965738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BARRY R STREIT

Mailing Address 5421 KELLOGG AVENUE

City
EDINAState
MNZip Code
55424-1604FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

RVP Medicr Field SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2552966738775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

134.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANN R TINKER

Mailing Address 530 HUNTER FLAT STREET

City
LAS VEGASState
NV
Zip Code
89138-1110FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552966838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS C VANDERHEYDEN

Mailing Address 534 WAYZATA BLVD E

City
WAYZATAState
MN
Zip Code
55391-1727FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Prd

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552966938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. AARON C WACKER

Mailing Address 4704 CAVAN ROAD

City
MOUNDState
MN
Zip Code
55364-1877FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Apps Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2552967038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 80 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT A NAASZ

Mailing Address 14327 BLUEBIRD TRAIL NE

City	State	Zip Code
PRIOR LAKE	MN	55372-1204

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 VP Cust Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553474738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MONICA L RAYBURN

Mailing Address 5127 JACKSON PONDS CT

City	State	Zip Code
SUGAR LAND	TX	77479-4656

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553475138775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW J SULLIVAN

Mailing Address 1101 ROSEWOOD DRIVE

City	State	Zip Code
ATLANTA	GA	30306-3554

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Bus Adv/Tech Cnslt Sr Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553475338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 81 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RICHARD D THOMAS

Mailing Address 5121 DUPONT AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55419-1151

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553475438775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City	State	Zip Code
EDINA	MN	55424-1304

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
SVP Bus Initiv Clin Aff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553475538775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DANIEL J ZERAFA

Mailing Address 61234 ADMIRAL DRIVE

City	State	Zip Code
WASHINGTON TOWNSHIP	MI	48094-1242

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2553475738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

608.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 82 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. COLLEEN C COHAN

Mailing Address 17402 SAINT THERESA DRIVE

City	State	Zip Code
OLNEY	MD	20832-2547

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2554012738775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SHELLY A ESPINOSAMailing Address 777 EXCELSIOR BLVD
#209

City	State	Zip Code
EXCELSIOR	MN	55331-1938

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Found/Social Resp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2554012938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARSTEN S FLAGSTAD

Mailing Address 13420 JAY ST NW

City	State	Zip Code
ANDOVER	MN	55304-4015

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2554013038775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

258.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 83 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PATRICK J MEYER

Mailing Address 20676 HAZELWOOD TRAIL

 City
 LAKEVILLE

 State
 MN

 Zip Code
 55044-4678

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Dir Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2554013138775

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS W MOORE

Mailing Address 10733 TAVISTOCK DRIVE

 City
 TAMPA

 State
 FL

 Zip Code
 33626-1718

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 Optum Services, Inc

 Occupation
 Sls Dir Care Mgmt & Del

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2554013238775

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GREGORY D REIDY

Mailing Address 5251 MCGAVOCK RD

 City
 BRENTWOOD

 State
 TN

 Zip Code
 37027-5197

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2554013338775

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ALICE C FERREIRA

Mailing Address 18 BRITTANY AVENUE

City
TRUMBULL

State Zip Code
CT 06611-1105

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2554208138775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ASIR U AHMAD

Mailing Address 1935 HILLWOOD DRIVE

City
BLOOMFIELD HILLS

State Zip Code
MI 48304-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560064038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOY L ALEXANDER

Mailing Address 5116 NORTH TIOGA WAY

City
LAS VEGAS

State Zip Code
NV 89149-5830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of Nevada

Occupation
Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560064138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 85 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JIM L BENNETT

Mailing Address 3724 PINE TIP ROAD

City

TALLAHASSEE

State

FL

Zip Code

32312-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560064238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL J CLUTE

Mailing Address 7756 N 85TH STREET

City

OMAHA

State

NE

Zip Code

68122-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560064438775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PAULA A GAZELEY

Mailing Address 36 MAYFAIR ROAD

City

WYNANTSKILL

State

NY

Zip Code

12198-8018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Regn Pharm Dev

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560064838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DONALD J GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City
LAS VEGAS

State Zip Code
NV 89135-1680

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of Nevada

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560064938775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JERI L JONES

Mailing Address 512 W ORANGEWOOD AVE

City
PHOENIX

State Zip Code
AZ 85021-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560065138775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SHELDON LIPPMAN

Mailing Address 55 CLIFFFIELD ROAD

City
BEDFORD

State Zip Code
NY 10506-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560065438775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

772.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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FOR LINE NUMBER: PAGE 87 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY D LUCHT

Mailing Address 33 FOUR SEASONS DR

City
ALTONState
NHZip Code
03809-4872FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Act Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2560065638775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KEVIN MICHAEL MARONEY

Mailing Address 5052 NORMAN DRIVE

City

MINNETONKA

State

MN

Zip Code

55345-4636

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2560065738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DONALD G MELNYK

Mailing Address 141 MONROE STREET

City

GARFIELD

State

NJ

Zip Code

07026-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT Architecture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.52

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2560065938775

Amount of Each Receipt this Period

28.28

P/R Deduction (\$14.14 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.28

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 88 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID MILICH

Mailing Address 2702 BIRCHMERE COURT

City	State	Zip Code
KATY	TX	77450-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560066038775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WILLIAM B O'BRYANT

Mailing Address 22191 WESTCLIFF

City	State	Zip Code
MISSION VIEJO	CA	92692-4310

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Sr Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560066138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD A PERRIER

Mailing Address 3161 EMERALD VALLEY ROAD

City	State	Zip Code
ELLCOTT CITY	MD	21042-1013

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2560066238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DONALD G ROWE

Mailing Address 5 LANTERN LANE

City
MAYNARD

State
MA

Zip Code
01754-2171

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir of AM producing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560066538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENISE VAIL

Mailing Address 35 CLEVELAND AVENUE

City
SAYVILLE

State
NY

Zip Code
11782-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560066838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEBRA COLLEEN DATTA

Mailing Address 1415 A STREET SE

City
WASHINGTON

State
DC

Zip Code
20003-1524

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560398038775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 90 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KRISTA J DICKMAN

Mailing Address 2533 ONYX DRIVE

City
SHAKOPEEState
MNZip Code
55379-2770FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Proj Mgr III

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2560398138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GEORGE N KOREAN

Mailing Address 6 VERANO

City

FOOTHILL RANCH

State

CA

Zip Code

92610-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Act Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2560398538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY J NOEL

Mailing Address 4316 FREMONT AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55409-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prd

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2560398838775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

248.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT W WULF

Mailing Address 622 N 11TH ST

City
WAUSAU

State
WI

Zip Code
54403-5004

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560398938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAMES CRONIN

Mailing Address 241 WALLACE RD

City

BEDFORD

State

NH

Zip Code

03110-5144

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560821138775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK J O'BRIEN

Mailing Address 33 BARRINGTON DRIVE

City

BEDFORD

State

NH

Zip Code

03110-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560821438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARIE A PERO

Mailing Address 516 APPLE LANE

City
HARLEYSVILLE

State Zip Code
PA 19438-2549

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Prod

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560821538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOY M STEPHENS

Mailing Address 7320 YORK AVE N

City
BROOKLYN PARK

State Zip Code
MN 55443-3544

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Assc Dir Bus Anlys

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2560821638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRIAN W LUND

Mailing Address 464 EAST NORTH AVE

City
GRANTSBURG

State Zip Code
WI 54840-7423

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Tax

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2561457638775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KEITH A VOLLBERG

Mailing Address 1001 NANDINA DR

City
WESTONState
FLZip Code
33327-2481FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2563207738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LARRY W CAVANAUGH

Mailing Address 520 NE 20TH ST # 1010

City

WILTON MANORS

State

FL

Zip Code

33305-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Spc Ben Govt Dntl Sls Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2563211038775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JACQUELYN M BARTON

Mailing Address 1587 112 TH COURT WEST

City

INVER GROVE HEIGHTS

State

MN

Zip Code

55077-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Human Capital Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2563211238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANDREW C MACKENZIE

Mailing Address 1912 IRVING AVE S

City
MINNEAPOLISState
MN
Zip Code
55403-2823FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2564297138775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEPHEN E SWANSON

Mailing Address 3001 HUNTINGTON COURT

City
KATYState
TX
Zip Code
77493-1159FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2564297338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HARVEY J BALTHASER

Mailing Address 3103 FLEECE FLOWER COVE

City
AUSTINState
TX
Zip Code
78735-1539FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2564297538775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

356.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEVEN C WALLI

Mailing Address 538 QUAIL RIDGE LANE

City State Zip Code
SAINT ALBANS MO 63073-1014

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2564297638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ELLEN L DAMATO

Mailing Address 1300 DALHART DRIVE

City State Zip Code
ALLEN TX 75013-5339

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2564802238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOSH A WILLSON

Mailing Address 201 ADAMS CT

City State Zip Code
COLLEYVILLE TX 76034-6811

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Spc Ben KA SB RVP SIs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2564802538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

132.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 96 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER CHARLES CARLSON

Mailing Address 12910 OVERLOOK ROAD

City
DAYTONState
MNZip Code
55327-9679FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564802638775

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL DANIEL HANSEN

Mailing Address 18430 62ND PLACE NORTH

City
MAPLE GROVEState
MNZip Code
55311-4585FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Controller Mkt Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564802738775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARYELLEN GOODWIN

Mailing Address 1678 BRIDGEWATER DRIVE

City
LAKE MARYState
FLZip Code
32746-4103FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564802938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

262.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHERINE L KENNY

Mailing Address 22408 FITZGERALD DRIVE

City

LAYTONSVILLE

State

MD

Zip Code

20882-2301

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP of Acct Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803238775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL O MARDEN

Mailing Address 718 HICKORY HILL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DARREN C MOQUIST

Mailing Address 1200 NICOLLET MALL #507

City

MINNEAPOLIS

State

MN

Zip Code

55403-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.88

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803438775

Amount of Each Receipt this Period

192.32

P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

348.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 98 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK BELLMAN

Mailing Address 5601 VAN WINKLE LN

City
AUSTINState
TXZip Code
78739-1694FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LISA R WRIGHT

Mailing Address 6 VOLERRAN PATH LANE

City
MISSOURI CITYState
TXZip Code
77459-1167FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803738775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TAMMY A O'HARE

Mailing Address 2420 SAINT GEORGE WAY

City
BROOKEVILLEState
MDZip Code
20833-3265FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB VP Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2564803938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DEBRA J BERNSMailing Address 3209 GALLERIA
UNIT 1705

City	State	Zip Code
EDINA	MN	55435-2556

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Chief Compliance/Ethics Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2564804038775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BARRY HOFER

Mailing Address 10464 SHELTER GROVE

City	State	Zip Code
EDEN PRAIRIE	MN	55347-4855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2564804138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY A WICKS

Mailing Address PO BOX 44518

City	State	Zip Code
EDEN PRAIRIE	MN	55344-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2565448638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

298.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 100 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DONNA M CRAIG

Mailing Address 10761 INDEPENDENCE WAY

City	State	Zip Code
CARMEL	IN	46032-9333

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2565448838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS C KUNST

Mailing Address 4872 103RD STREET

City	State	Zip Code
PLEASANT PRAIRIE	WI	53158-6516

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2566302138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NEIL A MANSUKHANI

Mailing Address 4215 LAUREL RIDGE CIRCLE

City	State	Zip Code
WESTON	FL	33331-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir PEO Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2567129438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 101 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DENISE V ZAMORE

Mailing Address 75 HOCKANUM BLVD
APT 1011

City State Zip Code
VERNON CT 06066-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2567129538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WENDY D ARNONE

Mailing Address 5243 E DESERT PARK LANE

City State Zip Code
PARADISE VALLEY AZ 85253-3015

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2568900538775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER A PARRILLO

Mailing Address 9501 WEXCROFT DRIVE

City State Zip Code
BRENTWOOD TN 37027-3824

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2571778238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

297.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 102 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRUCE E MOYER

Mailing Address 18426 MAGENTA BAY

City

EDEN PRAIRIE

State

MN

Zip Code

55347-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2571778338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DUSTIN HINTON

Mailing Address W132N6475 MARACH RD

City

MENOMONEE FALLS

State

WI

Zip Code

53051-6085

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2571978738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARCUS A ROBINSON

Mailing Address 590 SPENDER TRACE

City

DUNWOODY

State

GA

Zip Code

30350-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Sales - Harken

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2572588938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 103 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SHAUN R JACQUET

Mailing Address 4332 FOREST RIDGE DRIVE

City
SUAMICO

State Zip Code
WI 54313-8557

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2572589338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS E SMITH

Mailing Address 1502 EAST AVENUE NORTH

City
ONALASKA

State Zip Code
WI 54650-7003

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2572589538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KEVIN JAMES CARLSON

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City
EDINA

State Zip Code
MN 55424-1170

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2572590038775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 104 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHARLES WACKER

Mailing Address 2747 WEST VIEW DRIVE

City
NEW PRAGUEState Zip Code
MN 56071-8989FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Sr Mkt Sls Exec Optuml

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572590138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTINE OBRIEN

Mailing Address 764 TOPAZ STREET

City
NEW ORLEANSState Zip Code
LA 70124-3624FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572590638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMES R HARGIS

Mailing Address 1820 ROSEDALE

City
EDMONDState Zip Code
OK 73013-6638FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Mgr Pharm Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572590738775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THERESA M CLARKE

Mailing Address 16652 1/2 GRAND AVE

 City
 BELLFLOWER

 State
 CA

 Zip Code
 90706-5038

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Assc Dir Clin Qlty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572591138775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KIMBERLEY S MILLER

Mailing Address 16 CELONOVA PLACE

 City
 FOOTHILL RANCH

 State
 CA

 Zip Code
 92610-1942

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572591238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS P WIFFLER

Mailing Address 1421 SOMERFIELD DRIVE

 City
 BOLINGBROOK

 State
 IL

 Zip Code
 60490-3207

 FEC ID number of contributing
 federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Bus Segment COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2572992738775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DARYL P RICHARD

Mailing Address 24 WEST RIDGE DRIVE

City	State	Zip Code
WEST HARTFORD	CT	06117-2065

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2574979038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LESLIE C HARE

Mailing Address 9029 SHEEP RANCH CT

City	State	Zip Code
LAS VEGAS	NV	89143-5432

FEC ID number of contributing federal political committee.

C

Name of Employer
Health Plan of Nevada

Occupation
Dir Clms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2574979438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HEATHER R CIANFROCCO

Mailing Address 2799 WEST BARDONNER ROAD

City	State	Zip Code
GIBSONIA	PA	15044-8462

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2574986238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

248.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAMIE BURNETT

Mailing Address 4625 EWING AVENUE SOUTH

City
MINNEAPOLISState
MN Zip Code
55410-1745FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2574988238775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. HEIDI S KEMMER

Mailing Address 2211 WEST ROCKROSE PLACE

City
CHANDLERState
AZ Zip Code
85248-4208FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Prov Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575021338775

Amount of Each Receipt this Period

28.28

P/R Deduction (\$14.14 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAURA CRANDON

Mailing Address 12827 MACBETH FARM LANE

City
CLARKSVILLEState
MD Zip Code
21029-1556FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1447.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575025238775

Amount of Each Receipt this Period

263.14

P/R Deduction (\$131.57 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

369.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI A VAN HOLMES

Mailing Address 4117 BRYANT AVENUE SOUTH

City
MINNEAPOLIS

State
MN

Zip Code
55409-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Human Capital Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575030938775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JENNIFER M O'BRIEN

Mailing Address 4371 BENT TREE LANE

City
EAGAN

State
MN

Zip Code
55123-3054

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Chief Compli Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575034538775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY L MADDOX

Mailing Address 207 MARY WIL CT

City
GREENSBORO

State
NC

Zip Code
27455-2262

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
SB VP SIs Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575039538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

606.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 109 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JULENE D DONNAY

Mailing Address 17763 OAKLAND DRIVE NE

 City
 HAM LAKE

 State
 MN

 Zip Code
 55304-4527

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Dir Sourcing Prcrmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2575046238775

Amount of Each Receipt this Period

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. VIVIAN M LINDSAY

Mailing Address 14930 SW 39 ST

 City
 DAVIE

 State
 FL

 Zip Code
 33331-2767

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 United HealthCare Services Inc

 Occupation
 SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2575054938775

Amount of Each Receipt this Period

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CARY J MCCARTY

Mailing Address 8800 RUMFIELD RD

 City
 NORTH RICHLAND HILLS

 State
 TX

 Zip Code
 76182-6131

 FEC ID number of contributing
 federal political committee.

 Name of Employer
 United HealthCare Services Inc

 Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / /
Transaction ID : PR2575059438775

Amount of Each Receipt this Period

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 110 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK T ALLEN

Mailing Address 11359 ENTREVAUX DRIVE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-2862

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575060238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SANDRA B NICHOLS

Mailing Address 12706 YOUNG LANE

City

NORTH POTOMAC

State

MD

Zip Code

20878-6112

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Shared Svs Regn CMO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575074538775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RALPH B BECK

Mailing Address W155 N5314 SHARPTAIL COURT

City

MENOMONEE FALLS

State

WI

Zip Code

53051-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575074938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

248.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DEBRA K BURNAM

Mailing Address 740 VORTEX AVE

City
HENDERSON

State Zip Code
NV 89002-6514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Medical Assoc. Inc.

Occupation

Dir Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575076238775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KAREN A UPCHURCH

Mailing Address 5780 VICTORIA CT

City
WESTERVILLE

State Zip Code
OH 43082-8680

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575084438775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GLEN J GOLEMI

Mailing Address 1203 RUE DEGAS

City
MANDEVILLE

State Zip Code
LA 70471-3059

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575098838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

181.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHARLES JACOBY

Mailing Address 3315 IRVING AVE

City
MINNEAPOLISState
MN Zip Code
55408-3321FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575099238775

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PHEBE M CHAMPION

Mailing Address 34 REYBURN DRIVE

City
HENDERSONState
NV Zip Code
89074-2760FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of NevadaOccupation
Dir Cust Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575108338775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SCOTT THOMAS LYDON

Mailing Address 2 PLOWBOY PATH

City
COMMACKState
NY Zip Code
11725-1410FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575122238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

110.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ZOE C HUNT

Mailing Address 4030 SERANGO COURT

City
WEST LINNState Zip Code
OR 97068-2840FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575136238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEAN MCGANN

Mailing Address 4 VILLAGE ROAD

City
FLORHAM PARKState Zip Code
NJ 07932-2415FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
SB KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575146938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KELLY L BEECHER

Mailing Address 7640 CURIOSITY AVE

City
LAS VEGASState Zip Code
NV 89131-4792FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Acctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575161138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 114 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RON JONES

Mailing Address 10066 ESCAMBA BAY CT

City
NAPLES

State Zip Code
FL 34120-4621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum360 Services Inc

Occupation
SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575163538775

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SCOTT G CASSANO

Mailing Address 4855 BUCKHORN BUTTE COURT

City
LAS VEGAS

State Zip Code
NV 89149-5258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of Nevada

Occupation
Dir Prov Svc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575164438775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBERT C COSTIN

Mailing Address 3109 SHADY SPRINGS DRIVE

City
LOUISVILLE

State Zip Code
KY 40299-4575

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
PS Sr Sls Exe

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575180738775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

488.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL W WIELAND

Mailing Address 6741 EAST SHADOW LAKE DRIVE

City State Zip Code
 CIRCLE PINES MN 55014-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575181638775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS J MCGUIRE

Mailing Address 41 CUMBERLAND ROAD

City State Zip Code
 WEST HARTFORD CT 06119-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Sr Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575185438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KRISTIN MOORE

Mailing Address 3021 ROSEDALE AVENUE

City State Zip Code
 DALLAS TX 75205-1451

FEC ID number of contributing
federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575194438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL PATRICK STAMM

Mailing Address 6721 MOSSY GLEN DR

City

FORT MYERS

State

FL

Zip Code

33908-4771

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575194638775

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MITCHELL W GRANBERG

Mailing Address 6721 GALWAY DRIVE

City

EDINA

State

MN

Zip Code

55439-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575196138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PETER J MARTIN

Mailing Address 7091 HIGHOVER DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317-7572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575213638775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MATTHEW MACKINNON SHORS

Mailing Address 4649 EWING AVENUE SOUTH

City

MINNEAPOLIS

State

MN

Zip Code

55410-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR257522338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ANDREW C SEKEL

Mailing Address 6010 LONESOME VALLEY TRAIL

City

AUSTIN

State

TX

Zip Code

78731-3749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1384.56

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575223738775

Amount of Each Receipt this Period

153.84

P/R Deduction (\$76.92 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HOWARD CHARLES GILPIN JR

Mailing Address 1210 SHEPARD DRIVE

City

BLUE BELL

State

PA

Zip Code

19422-3481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Act Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575224938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

424.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SUSAN A KIRKPATRICK

Mailing Address 417 STERLING STREET

City
LANCASTERState
MAZip Code
01523-1847FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575233638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS G RUSSELL

Mailing Address 10205 GROOMSBRIDGE ROAD

City
JOHNS CREEKState
GAZip Code
30022-5645FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Empl Rel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575238638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS C CHOATE

Mailing Address 8749 THE ESPLANADE UNIT #10

City
ORLANDOState
FLZip Code
32836-7733FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575247838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

132.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 119 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT A BROOMFIELD

Mailing Address 12501 WEST 156TH STREET

City

OVERLAND PARK

State

KS

Zip Code

66221-2662

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

UHC SIs RVP KA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575260438775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TERRY R JONES

Mailing Address 11856 NW 12TH MANOR

City

CORAL SPRINGS

State

FL

Zip Code

33071-5035

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575279238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SAMANTHA ANN MARCARIO

Mailing Address 2117 CAMP INDIANHEAD ROAD

City

LAND O LAKES

State

FL

Zip Code

34639-5268

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Qlty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575287838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

94.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOHN J ESSLINGER

Mailing Address 4944 W 151ST TERRACE

City
LEAWOODState Zip Code
KS 66224-9744FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575288938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS RAYMOND BEAUREGARD

Mailing Address 161 SPRING VALLEY ROAD

City
RIDGEFIELDState Zip Code
CT 06877-1219FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Pres United Essentials

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575295138775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN MONAGHAN

Mailing Address 450 EDGEWOOD AVE

City
WESTFIELDState Zip Code
NJ 07090-4353FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575296838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

440.76

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARY R MCELRATH-JONES

Mailing Address 100 AMHERST DRIVE

City

NEW ROCHELLE

State

NY

Zip Code

10804-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575302138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT CHARLES HUGHES

Mailing Address 68 OCEAN DRIVE

City

SEABROOK

State

NH

Zip Code

03874-4712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575304238775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BRANDON E CUEVAS

Mailing Address 25 STRATHMORE

City

LADERA RANCH

State

CA

Zip Code

92694-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575305638775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.46

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 122 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRADLEY W HUNT

Mailing Address 6636 W SHORE DR

City	State	Zip Code
EDINA	MN	55435-1529

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575310438775

Amount of Each Receipt this Period

38.42

P/R Deduction (\$19.21 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BRADLEY S TINNERMON

Mailing Address 845 HICKORY SHOALS RD

City	State	Zip Code
MARIETTA	GA	30064-1182

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum360 Services IncOccupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575311038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAN T GRIMM

Mailing Address 3608 WEST 85TH STREET

City	State	Zip Code
LEAWOOD	KS	66206-1353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Mkt Sls SVP Optuml

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575314838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

94.58

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 123 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JEFFREY A GOLDBERG

Mailing Address 3410 BRADLEY LANE

City

CHEVY CHASE

State

MD

Zip Code

20815-3262

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Strat Clnt Rel Ex Optuml

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575326938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL SIMONE

Mailing Address 12 SCALIA COURT

City

HAMILTON

State

NJ

Zip Code

08690-1363

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575346738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK R IMDIEKE

Mailing Address 15900 WHITE PINE DRIVE

City

WAYZATA

State

MN

Zip Code

55391-2125

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Bus Anlys Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575347938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

134.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J TELESKY

Mailing Address 2602 PENNINGTON PLACE

City

VALPARAISO

State

IN

Zip Code

46383-9163

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Sls Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575350938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SALLY A BROWN

Mailing Address 192 HOMEWOOD DRIVE

City

CLINTON

State

NY

Zip Code

13323-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575363638775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN L WILSON

Mailing Address 9450 E BECKER LANE
APT 1044

City

SCOTTSDALE

State

AZ

Zip Code

85260-6718

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575372438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

134.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 125 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEVE MORGAN

Mailing Address 1252 W 71ST TERRACE

City
KANSAS CITYState
MOZip Code
64114-1238FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575374838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. YASMINE WINKLER

Mailing Address 1429 WEST WIGWAM TRAIL

City
MOUNT PROSPECTState
ILZip Code
60056-2940FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575390938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GREGORIO CORTEZ

Mailing Address 215 GASPAR BEND

City
CEDAR PARKState
TXZip Code
78613-4556FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575394338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

133.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LINDA LOUISE POST

Mailing Address 6520 JAYCOX ROAD

City
GALENA

State
OH

Zip Code
43021-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575395238775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHAD M WALKER

Mailing Address 26850 MOUNT HILL ROAD

City
WELCH

State
MN

Zip Code
55089-4472

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575414938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CAROL GOTHARD

Mailing Address 16492 BROOKLANE BOULEVARD

City
NORTHVILLE

State
MI

Zip Code
48168-8417

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575419138775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 127 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JERI L LOSE

Mailing Address 9995 DELL ROAD

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3524

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575419838775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KARIN R O'HARA

Mailing Address 1431 HENRY COURT

City

CHANHASSEN

State

MN

Zip Code

55317-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Acctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575428738775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. TIMOTHY M SPILKER

Mailing Address 9801 MOHAWK LANE

City

LEAWOOD

State

KS

Zip Code

66206-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575446338775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

353.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 128 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MILLA HAUTMAN

Mailing Address 410 SYCAMORE CIRCLE

City
PLYMOUTHState
MNZip Code
55441-5667FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Chief Tech Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575447138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ROBERT E BOOKER

Mailing Address 16632 HANSON BLVD NW

City
ANDOVERState
MNZip Code
55304-2089FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575447238775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LOUIS FLOCCO

Mailing Address 7353 EAST SKYLINE DRIVE

City
ORANGEState
CAZip Code
92867-6451FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575448638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS E GEHLBACH

Mailing Address 5460 YELLOWSTONE TRAIL

City

MINNETRISTA

State

MN

Zip Code

55331-9193

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575448838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS C BARTHEL

Mailing Address 9713 HEMLOCK LANE NORTH

City

MAPLE GROVE

State

MN

Zip Code

55369-3665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575484338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN M HAMILTON

Mailing Address 400 BITTERN CIRCLE

City

BUDA

State

TX

Zip Code

78610-2631

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575489438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

248.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CLINTON V WOLF

Mailing Address 2647 N SOUTHPORT

City
CHICAGOState
ILZip Code
60614-1227FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575490938775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL P MACLAUHLAN

Mailing Address 780 CENTRAL AVENUE

City
GLENSIDEState
PAZip Code
19038-1701FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Regl Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575492738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHELE RAMIREZ

Mailing Address 37 CALAIS ROAD

City
RANDOLPHState
NJZip Code
07869-3531FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Human Capital Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575502438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DEBORAH A SUNDAL

Mailing Address 5109 WEST 66TH ST

City	State	Zip Code
EDINA	MN	55439-1429

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575502938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AMBER JIA WEBSTER

Mailing Address 2115 VALLEY ROAD

City	State	Zip Code
COSTA MESA	CA	92627-3976

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575504838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MOLLY E JOSEPH

Mailing Address 2711 CRESCENT RIDGE ROAD

City	State	Zip Code
MINNETONKA	MN	55305-2809

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575521738775

Amount of Each Receipt this Period

384.00

P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶

440.08

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAUL B HEBERT

Mailing Address 13 GOVERNORS ROW

City State Zip Code
 WEST HARTFORD CT 06117-1931

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2575522338775

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ERIC J KAPLAN

Mailing Address 193 PARTRIDGE LANDING

City State Zip Code
 GLASTONBURY CT 06033-2849

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 NA VP Clnt Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2575524038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM GARRISON JETER

Mailing Address 9557 WOODRIDGE CIRCLE

City State Zip Code
 EDEN PRAIRIE MN 55347-2744

FEC ID number of contributing federal political committee.

C

Name of Employer
 Optum Services, Inc

Occupation
 VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2575528138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

306.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ROBERT ALDEN HUNTER

Mailing Address 9236 PRESTON PLACE

City

EDEN PRAIRIE

State

MN

Zip Code

55347-3396

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mgr M A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575528338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KRISTEN NOEL ANDERSON HOLOVIA

Mailing Address 4610 LAKEVIEW DRIVE

City

EDINA

State

MN

Zip Code

55424-1518

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575533038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. THOMAS A HAMLIN

Mailing Address 2800 NEWMAN

City

HOUSTON

State

TX

Zip Code

77098-1408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Sr Behvrl Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575536238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.08

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 OF 232

(check only one)

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. HOLLY STEINBRECHER

Mailing Address 11053 POTOMAC LANE

City
FRISCOState
TXZip Code
75035-1226FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575544538775

Amount of Each Receipt this Period

36.50

P/R Deduction (\$18.25 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. AMY LYNN BALCK

Mailing Address N3681 VINE RD

City
FREEDOMState
WIZip Code
54913-6928FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Mgr Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575548438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JULIE T SCOTT

Mailing Address 271 NW 42ND AVE

City
COCONUT CREEKState
FLZip Code
33066-1823FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575578038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92.50

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 135 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ELIZABETH C WINSOR

Mailing Address 57 WILDERS PASS

City
CANTONState
CTZip Code
06019-2259FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

CEO NA Acct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2575582838775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. RICHARD W REEVES

Mailing Address 1901 JONAHS RIDGE DRIVE

City

NOLENSVILLE

State

TN

Zip Code

37135-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2575583838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL PTEROY

Mailing Address 1004 PHILLIPS STREET

City

VISTA

State

CA

Zip Code

92083-7171

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2575585638775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

298.38

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHLEEN DWYER

Mailing Address 4852 EXCALIBUR DRIVE

City
SYRACUSE

State Zip Code
NY 13215-9317

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Assc Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575590638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DEBORAH A JORGE

Mailing Address 140 OLD BAY RD

City
BELCHERTOWN

State Zip Code
MA 01007-9348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Bus Adv/Tech Cnslt Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575593638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID J STAPLES

Mailing Address 900 SOUTHERLY RD
APT 402

City
TOWSON

State Zip Code
MD 21204-2943

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575633938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

133.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRIAN R THOMPSON

Mailing Address 17829 63RD AVE N

City

MAPLE GROVE

State

MN

Zip Code

55311-4650

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575634638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TERRENCE M CLARK

Mailing Address 8 COOPER AVENUE

City

EDINA

State

MN

Zip Code

55436-1315

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575636938775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NEIL P COLLINS

Mailing Address 8465 MISSION HILLS LANE

City

CHANHASSEN

State

MN

Zip Code

55317-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575637638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

298.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 138 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BENTON V DAVIS

Mailing Address 9825 NORTH 53RD PLACE

City	State	Zip Code
PARADISE VALLEY	AZ	85253-1634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP GM Clin Comnty Ntwk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1634.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575639238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CRAIG S HERMAN

Mailing Address 9609 WYOMING CIRCLE

City	State	Zip Code
BLOOMINGTON	MN	55438-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575650238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK VAN ERT

Mailing Address 221 OAKWOOD RD

City	State	Zip Code
HOPKINS	MN	55343-8532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575650538775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

297.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 139 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RONALD MICHAEL GONG

Mailing Address 2240 SOUTH MOON VIEW DRIVE

City	State	Zip Code
HACIENDA HEIGHTS	CA	91745-5739

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

M R Sls Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575651538775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JENNY A HAYHURST

Mailing Address 23A MOUNT HYGEIA ROAD

City	State	Zip Code
FOSTER	RI	02825-1434

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575651838775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ELENA J MCFANN

Mailing Address 18925 24TH AVENUE NORTH

City	State	Zip Code
PLYMOUTH	MN	55447-2072

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575654738775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

298.30

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KATHRYN L PIZZANO

Mailing Address PO BOX 31

44 SAYER RD

City

BLOOMING GROVE

State

NY

Zip Code

10914-0031

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575662138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CARL E ALLEN

Mailing Address 8675 AZURE SKY DRIVE

City

LAS VEGAS

State

NV

Zip Code

89129-2227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest Medical Assoc. Inc.

Occupation

Sr Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575669338775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PATRICK MOESCHLER

Mailing Address 10940 E TIERRA DR

City

SCOTTSDALE

State

AZ

Zip Code

85259-5730

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA VP Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575676138775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

184.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 141 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. BRADY PRIEST

Mailing Address 4401 COUNTRY CLUB RD

City
EDINAState
MNZip Code
55424-1148FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575677238775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JILL K MITCHELL

Mailing Address 11499 ASHLEY COURT

City

INVER GROVE HEIGHTS

State

MN

Zip Code

55077-5251

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575678338775

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHELLE M SCHROEDER

Mailing Address 3305 TOWN TRAIL

City

BROOKFIELD

State

WI

Zip Code

53045-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575683738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

251.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 142 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER J STIDMAN

Mailing Address 6504 CHEROKEE TRAIL

City
EDINAState
MNZip Code
55439-1109FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Clnt Relationship

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575683838775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. STEPHEN J FARRELL

Mailing Address 50 MAJOR DOANE RD

City
WELLFLEETState
MAZip Code
02667-7836FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575696238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ELIZABETH SOBERG PROKOCKI

Mailing Address 9746 SUNSET HILL DR

City
LONE TREEState
COZip Code
80124-6720FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575705838775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

461.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 143 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. D ELLEN WILSON

Mailing Address 400 STUART STREET
25D

City State Zip Code
BOSTON MA 02116-5011

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

EVP Human Capital

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575708838775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KIM M CRANDALL

Mailing Address 6016 BRIGIDS CLOSE DRIVE

City State Zip Code
DUBLIN OH 43017-3428

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575731238775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROBYN L HELLAND

Mailing Address 9089 PARTRIDGE RD

City State Zip Code
MINNETRISTA MN 55375-4513

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Traffic/Workforce

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575733838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.16

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 144 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MOLLY LOUISE KNORR

Mailing Address 1144 PROSPECT AVENUE

City

HARTFORD

State

CT

Zip Code

06105-1124

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Risk Adjustment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575735438775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JEFFREY GROSKLAGS

Mailing Address 3233 TIMBERWOLF CIRCLE

City

PRIOR LAKE

State

MN

Zip Code

55372-3272

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575735738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JULIE M STRICKLAND

Mailing Address 3207 SUNNYWOOD DRIVE

City

FULLERTON

State

CA

Zip Code

92835-1858

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Advrtsng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575740938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

133.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEPHANIE M WAITE

Mailing Address 2501 S HORIZON DR

City
APPLETONState Zip Code
WI 54915-5851FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Prod Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575743238775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THOMAS G PORTZ

Mailing Address 2119 SHERIDAN HILLS RD

City
WAYZATAState Zip Code
MN 55391-2327FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575744538775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. HERBERT R DOMER

Mailing Address 2715 IONE COURT

City
COLUMBUSState Zip Code
OH 43235-2810FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir IT DT Analytics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2575756038775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.16

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 146 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J CUNNINGHAMMailing Address 1025 MAXWELL LANE
APT 600

City HOBOKEN State NJ Zip Code 07030-6825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
COO NA Acct

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575767838775

Amount of Each Receipt this Period

30.76

P/R Deduction (\$15.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MATTHEW D MONTOYA

Mailing Address 12370 BRADFORD DR

City PARKER State CO Zip Code 80134-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR257577638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER J MULLINS

Mailing Address 15560 SMITHFIELD PLACE

City CENTREVILLE State VA Zip Code 20120-4901

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575778738775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

97.22

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 147 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CAROLYN T MORRIS

Mailing Address PO BOX 1744

 City
 SHIPROCK

 State
 NM

 Zip Code
 87420-1744

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Assc Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.44

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2575780938775

Amount of Each Receipt this Period

28.16

P/R Deduction (\$14.08 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SUSAN V MADDUX

Mailing Address 16426 FARMERS MILL LANE

 City
 CHESTERFIELD

 State
 MO

 Zip Code
 63005-4549

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Clin Pharm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2575783838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. APUR R PATEL

Mailing Address 4101 SHERIDAN AVENUE SOUTH

 City
 MINNEAPOLIS

 State
 MN

 Zip Code
 55410-1258

 FEC ID number of contributing
 federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Deputy Gen Counsel Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2575809538775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.32

TOTAL This Period (last page this line number only)..... ►

84.32

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 148 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LAURIE ERIN RUSSELL

Mailing Address 3108 SONIA DRIVE

City
LAS VEGASState
NVZip Code
89107-3246FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575812138775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SAMUEL JAMES MECKEY

Mailing Address 1828 WYNDAM DRIVE

City
SHAKOPEEState
MNZip Code
55379-5437FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575814538775

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. WILLIAM J MILLER

Mailing Address 26104 WEST 108 TERRACE

City
OLATHEState
KSZip Code
66061-7522FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1592.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575819838775

Amount of Each Receipt this Period

176.94

P/R Deduction (\$88.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

454.94

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JOEL F BRADLEY

Mailing Address 300 WHITE MOSS PLACE

City State Zip Code
FRANKLIN TN 37064-8628

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575825838775

Amount of Each Receipt this Period

36.92

P/R Deduction (\$18.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PHILIP R KAUFMAN

Mailing Address 1680 NORTH FARM ROAD

City State Zip Code
ORONO MN 55356-9309

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
CEO Spclty Ben Visn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575829838775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHELLE M HUNTLEY

Mailing Address 19503 HARMONY AVE

City State Zip Code
ROGERS MN 55374-4843

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.87

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575832038775

Amount of Each Receipt this Period

83.30

P/R Deduction (\$41.65 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

312.52

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 150 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WILLIAM MANDELL

Mailing Address 720 MISSION HILL WAY

City	State	Zip Code
COLORADO SPRINGS	CO	80921-2672

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575837838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHARLES M HARRISON

Mailing Address 10603 MILLET SEED HILL

City	State	Zip Code
COLUMBIA	MD	21044-4150

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575840338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. EDWARD JOHN SKOPAS

Mailing Address 43 JOEL DR

City	State	Zip Code
HEBRON	CT	06248-1245

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Mkt Grp CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575842738775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

134.16

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WILLIAM J GOLDEN

Mailing Address 106 SOUND COURT

City
NORTHPORT

State Zip Code
NY 11768-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Regn CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575859338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. NYLE BRENT COTTINGTON

Mailing Address 6630 EMPIRE COURT

City
MAPLE GROVE

State Zip Code
MN 55311-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Acctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

277.02

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575865338775

Amount of Each Receipt this Period

30.78

P/R Deduction (\$15.39 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAMIE DAMATO

Mailing Address 349 KING STREET

City
NAUGATUCK

State Zip Code
CT 06770-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Dir IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575872038775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 152 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PAMELA LIPPITT

Mailing Address 944 RILEY WILLS ROAD

City
LEBANON

State Zip Code
OH 45036-9037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575884438775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PATRICK J LANGAN

Mailing Address 405 MEADOW LANE

City
BENSON

State Zip Code
MN 56215-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575885038775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER M MCGOLDRICK

Mailing Address 48 MOUNTAIN TERRACE ROAD

City
WEST HARTFORD

State Zip Code
CT 06107-1533

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Nat'l VP SIs & Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575930438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 153 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL W MEDEIROS

Mailing Address 7112 LANGMUIR DRIVE

City	State	Zip Code
MCKINNEY	TX	75071-4606

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Clnt Mgmt NA Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575930638775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHRISTOPHER C ZITZER

Mailing Address 2848 FRANCE AVE S

City	State	Zip Code
ST LOUIS PARK	MN	55416-4204

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575933338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. RICHARD J MATTERA

Mailing Address 483 HIGHCROFT ROAD

City	State	Zip Code
WAYZATA	MN	55391-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Mkt Group Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2575938438775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

490.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 154 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID J KISCH

Mailing Address 7715 GIBRALTER TERRACE

City

APPLE VALLEY

State

MN

Zip Code

55124-6124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575966038775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DOREEN L MELLBERG

Mailing Address 119 SOUTH EMERALD DRIVE

City

WAUSAU

State

WI

Zip Code

54401-3964

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum360 Services Inc

Occupation

Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575966838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARC T SALINAS

Mailing Address 1630 ROCK RIDGE DRIVE

City

PROSPER

State

TX

Zip Code

75078-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575967938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

136.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 155 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JUDITH GAGER PERLMAN

Mailing Address 116 CANTERBURY LANE
PO BOX 2108

City State Zip Code
VINEYARD HAVEN MA 02568-5659

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575968938775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARK A DICELLO

Mailing Address 5360 ANACALA CT

City State Zip Code
WESTERVILLE OH 43082-8352

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575977938775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARK LEENAY

Mailing Address 29 UNION TERRACE LN N

City State Zip Code
PLYMOUTH MN 55441-6232

FEC ID number of contributing
federal political committee.

C

Name of Employer

UHC International Services Inc

Occupation

NA Med Dir/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2575982838775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

184.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 156 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CAROL ANN CHURCHILL

Mailing Address 230 BATTALION WAY

City

MOUNT JULIET

State

TN

Zip Code

37122-6135

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575988338775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAMELA J GOLD

Mailing Address 8370 DYNASTY WAY

City

SALT LAKE CITY

State

UT

Zip Code

84121-6089

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB KA VP Sls Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575988638775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DAVID J LAUTH

Mailing Address 5109 EMERSON AV S

City

MINNEAPOLIS

State

MN

Zip Code

55419-1155

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.15

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2575991138775

Amount of Each Receipt this Period

7.92

P/R Deduction (\$3.96 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

63.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

PAGE 157 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARC R BRIGGS

Mailing Address 1608 RED TREE CT

City
DRAPERState
UTZip Code
84020-7704FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576001638775

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KAREN I SQUARRELL SHABLIN

Mailing Address 1377 ROWLAND ROAD

City

LANGHORNE

State

PA

Zip Code

19047-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Clnt Svc Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576017338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN EDWARD SCOTT

Mailing Address 4574 VIA DON LUIS

City

NEWBURY PARK

State

CA

Zip Code

91320-6905

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Info Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576018638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 158 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DAVID SANN

Mailing Address 8326 ELKO DRIVE

City
ELLCOTT CITYState
MDZip Code
21043-6913FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576026438775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KIMBERLY K SONERHOLM

Mailing Address 7210 HEGGIE AVE

City
LAS VEGASState
NVZip Code
89131-3233FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Plan of NevadaOccupation
SB KA VP Sls Acct Mgt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576033238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KARI MILLER

Mailing Address 17293 LIBERTY BEACH CT

City
LAKEVILLEState
MNZip Code
55044-8480FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Assc Dir Clin Cnslt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2576036738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

133.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 159 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JAY WARMUTH

Mailing Address 16215 GRABEN COURT

City	State	Zip Code
EDEN PRAIRIE	MN	55346-2331

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576040038775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. GAYLE Q ADAMS

Mailing Address 39 CANYON RIDGE DRIVE

City	State	Zip Code
SANDIA PARK	NM	87047-8509

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576040338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KEVIN P KANDALAFT

Mailing Address 4189 WINDSOR POINT PLACE

City	State	Zip Code
EL DORADO HILLS	CA	95762-3797

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576043638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

347.22

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 160 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LAURA L STONE

Mailing Address 2050 FM 423 #4407

City
LITTLE ELMState
TXZip Code
75068-6982FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Ntwk Contractng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576045138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL R GROENENDAAL

Mailing Address 1017 N EUCLID

City
OAK PARKState
ILZip Code
60302-1321FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Executive Compensation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576046238775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KENT MONICAL

Mailing Address 9795 E PIEDRA DRIVE

City
SCOTTSDALEState
AZZip Code
85255-9231FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prd

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576051338775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

132.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RESTOR JOHNSON

Mailing Address 2700 CRESCENT RIDGE ROAD

City State Zip Code
MINNETONKA MN 55305-2806

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Entrprs Real Estate Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1746.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2576051638775

Amount of Each Receipt this Period

194.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN F REX

Mailing Address 503 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391-1512

FEC ID number of contributing federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Mkt Group CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3474.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2576060038775

Amount of Each Receipt this Period

386.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LANCE A NOVAK

Mailing Address 17035 41ST PLACE N

City State Zip Code
PLYMOUTH MN 55446-3358

FEC ID number of contributing federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2576073538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.92

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 162 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. DARRIN D JOHNSON

Mailing Address 11 BERTON COURT

City

MIDDLETOWN

State

DE

Zip Code

19709-9932

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2576103738775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MARGARET OHME

Mailing Address 3543 STEBNER RD

City

HERMANTOWN

State

MN

Zip Code

55811-3714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2576104038775

Amount of Each Receipt this Period

50.00

P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NATHAN R KIEWEL

Mailing Address 1137 PRAIRIE VIEW DR SW

City

HUTCHINSON

State

MN

Zip Code

55350-6725

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Apps Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2576117538775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

154.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 163 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRIS KENT

Mailing Address 13273 CARLINGFORD LANE

City	State	Zip Code
ROSEMOUNT	MN	55068-6308

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576119038775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CHANDRA LUE TORGERSON

Mailing Address 5433 10TH AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55417-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576128638775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL JOHN DIOGUARDI

Mailing Address 4336 YATES STREET

City	State	Zip Code
DENVER	CO	80212-2425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Sr Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576131938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

231.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. STEVEN H NELSON

Mailing Address 640 LOCUST HILLS DRIVE

City

WAYZATA

State

MN

Zip Code

55391-1973

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2576144838775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JOHN E FRIDNER

Mailing Address 782 PENFIELD DR

City

CAROL STREAM

State

IL

Zip Code

60188-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SB NA VP SIs/Gen

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

702.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2576147538775

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEAN C BENSON

Mailing Address 14951 HIGHLAND COURT NE

City

PRIOR LAKE

State

MN

Zip Code

55372-4109

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP Fin

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : PR2576310938775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

501.06

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 165 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS L ELLIOTT III

Mailing Address 1880 SUGARLOAF CLUB DR

City
DULUTHState
GAZip Code
30097-7451FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Clnt Relationship

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2576313338775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DANIEL J KENIRY

Mailing Address 5553 LITTLE FALLS ROAD

City
ARLINGTONState
VAZip Code
22207-1525FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2577379338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. DEMETRIOS L KOUZOUKAS

Mailing Address 15552 57TH PLACE N

City
PLYMOUTHState
MNZip Code
55446-3737FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Bus Segment Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578740438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

769.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 166 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. PHIL KRAUSE

Mailing Address 63 VAN HOLTEN

City	State	Zip Code
BASKING RIDGE	NJ	07920-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Hlthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578742138775

Amount of Each Receipt this Period

28.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KURT A STRODE

Mailing Address 15 MIRA SEGURA

City	State	Zip Code
RANCHO SANTA MARGARITA	CA	92688-4113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Assc Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578819238775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. BARTLEY S ASNER

Mailing Address 25 OFFSHORE

City	State	Zip Code
NEWPORT BEACH	CA	92657-2162

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578819438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

86.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 167 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LAURA CIAVOLA

Mailing Address 1686 WILDFIRE LANE

City	State	Zip Code
FRISCO	TX	75033-7325

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578824338775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. NATHANAEL BUSBEE

Mailing Address 611 ORPINGTON RD

City	State	Zip Code
BALTIMORE	MD	21229-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Bus Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578826738775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAY J COHEN

Mailing Address 2613 VICTORIA DR

City	State	Zip Code
LAGUNA BEACH	CA	92651-3948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
CEO Med Grp Physn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2578829638775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

653.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RACHEL C FARMER

Mailing Address 1929 ALBIZIA COURT

City

BATON ROUGE

State

LA

Zip Code

70808-3973

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2595208338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. VINAY KONERU

Mailing Address 3150 CARRICK RD

City

CUMMING

State

GA

Zip Code

30040-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Bus Dvlp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2595218438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAURA A GROSCHE

Mailing Address 3872 KENNET CIRCLE

City

EAGAN

State

MN

Zip Code

55123-3952

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

VP IT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2595230938775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

440.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WESTON PRICE SCOTTMailing Address 4330 SPECTRUM 1
APT 4330

City	State	Zip Code
SAN ANTONIO	TX	78230-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

553.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601125338775

Amount of Each Receipt this Period

61.54

P/R Deduction (\$30.77 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. TOM ROBERTS

Mailing Address 264 PORTERS HILL RD

City	State	Zip Code
MONROE	CT	06468-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Act Svs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601127838775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MARIANNE D SHORT

Mailing Address 2215 SUMMIT AVENUE

City	State	Zip Code
SAINT PAUL	MN	55105-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
EVP Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601133538775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

476.14

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CRAIG NEWTON

Mailing Address 654 W GOLDFINCH WAY

City State Zip Code
 CHANDLER AZ 85286-4451

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Clin Qlty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2601133738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ALLEN K PATRICK

Mailing Address 225 W ESCALONES

City State Zip Code
 SAN CLEMENTE CA 92672-5102

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 SB Mgr Sls

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2601136838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. AMY N SWANSON

Mailing Address 621 SPARROW WAY

City State Zip Code
 WADSWORTH OH 44281-7716

FEC ID number of contributing federal political committee.

C

Name of Employer
 United HealthCare Services Inc

Occupation
 Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 08 31 2015

Transaction ID : PR2601140738775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

248.46

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 171 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. JENNIFER M MARDOSZ

Mailing Address 17920 SHAVERS LANE

City
WAYZATAState
MNZip Code
55391-2737FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Deputy Gen Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2601142038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DOUGLAS LEE MOORE

Mailing Address 3900 BLACKJACK OAK LANE

City
PLANOState
TXZip Code
75074-7790FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Bus Process

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2601149638775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. MICHAEL A CHRIST

Mailing Address 89 RIDGEWOOD ROAD

City
WEST HARTFORDState
CTZip Code
06107-2924FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1		2	0	1	5		

Transaction ID : PR2601156938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

133.08

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. ANDREW W TICE JR

Mailing Address 1136 JACKSON SPRINGS RD

City	State	Zip Code
MACON	GA	31211-1435

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Phys Advsr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.26

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601160938775

Amount of Each Receipt this Period

46.14

P/R Deduction (\$23.07 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DEBORAH GILL RICE

Mailing Address 10775 ROLLING HILLS DRIVE

City	State	Zip Code
LITTLE ELM	TX	75068-2893

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 Mgr Nurse Pract

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601176438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ROGER RODRIGUEZ

Mailing Address 10501 SW 102 AVENUE

City	State	Zip Code
MIAMI	FL	33176-3511

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Hlth Plan CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2601176838775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

151.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARC GORDON KAPROW

Mailing Address 5079 SW 89TH AVE

City
COOPER CITY

State Zip Code
FL 33328-3636

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.52

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2015

Transaction ID : PR2601179038775

Amount of Each Receipt this Period

78.88

P/R Deduction (\$39.44 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PAUL A JACOBSEN

Mailing Address 733 OAKWOOD DRIVE

City
NEW BRIGHTON

State Zip Code
MN 55112-6633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Mgr Proj Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2015

Transaction ID : PR2605714138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. KELLY MARIE DAVIS

Mailing Address 12013 TALIESIN PLACE
UNIT 22

City
RESTON

State Zip Code
VA 20190-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2015

Transaction ID : PR2605734238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

183.88

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. TRACY MALONE

Mailing Address 900 S 22ND ST

City
ARLINGTONState
VAZip Code
22202-2625FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

External Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2605736938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHELLE FERENSIC

Mailing Address 404 KENTUCKY BRANCH LANE

City
JACKSONVILLEState
FLZip Code
32259-8863FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Prov Service

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2605738238775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. GLORIA AUSTIN

Mailing Address 1547 HARVARD AVENUE

City
SALT LAKE CITYState
UTZip Code
84105-1725FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

SVP Bus Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2605757438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

307.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LARRY SMITH

Mailing Address 1164 RUE CHINON

City
MANDEVILLE

State Zip Code
LA 70471-1213

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Assc Dir Compli

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.14

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2605760638775

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL E WEISSEL

Mailing Address 99 HAGEN ROAD

City
NEWTON

State Zip Code
MA 02459-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Optum Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2076.84

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2606842938775

Amount of Each Receipt this Period

230.76

P/R Deduction (\$115.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN MATTHEW MATECZUN

Mailing Address 700 SAINT GEORGE BARBER ROAD

City
DAVIDSONVILLE

State Zip Code
MD 21035-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Pres M&V

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2606845138775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

653.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS KARL ZIESMANN

Mailing Address 2004 ESTES PARK ROAD

City
SOUTHLAKE

State Zip Code
TX 76092-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1730.70

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2606854438775

Amount of Each Receipt this Period

192.30

P/R Deduction (\$96.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. JAN V EYER

Mailing Address 6241 CRESTBROOK DRIVE

City
MORRISON

State Zip Code
CO 80465-2225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2606857538775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SHELLEY L KENNEDY

Mailing Address 706 SUE BARNETT

City
HOUSTON

State Zip Code
TX 77018-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Service Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2607803038775

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.38

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 177 OF 232
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CYNTHIA ANN MARGRITZ

Mailing Address 16702 L STREET

City

OMAHA

State

NE

Zip Code

68135-1324

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Clin Qlty

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2607806138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. SUSAN ESPARZA

Mailing Address 4305 VISTA VERDE DRIVE

City

AUSTIN

State

TX

Zip Code

78732-2493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Nurse Pract

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2607807838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. VINCENT C CEGLIA

Mailing Address 63 BLOSSOM ROAD

City

HAMPTON

State

NJ

Zip Code

08827-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Compli

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2608052038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

84.24

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 178 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SHAWN DAVID SCHWARTZ

Mailing Address 338 SNELLING AVE S

City
SAINT PAULState
MNZip Code
55105-2048FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Assc Dir Ntwk Prgms

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2608059338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LISA MARIE LANDOMailing Address 60 PINEAPPLE STREET
APT 3JCity
BROOKLYNState
NYZip Code
11201-6839FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2608059538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. VIRGINIA A FLYNN

Mailing Address 30 VAN TERRACE

City
SPARKILLState
NYZip Code
10976-1406FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2015

Transaction ID : PR2608061238775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

181.92

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 179 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SANDRA FERGUSON

Mailing Address 710 SOUTH SHERATON DRIVE

City	State	Zip Code
AKRON	OH	44319-1918

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Assc Dir Med Clin Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2608061938775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ALLYN RICHARD HECK

Mailing Address 3233 BARHITE STREET

City	State	Zip Code
PASADENA	CA	91107-1254

FEC ID number of contributing federal political committee.

C

 Name of Employer
 United HealthCare Services Inc

 Occupation
 Assc Dir Underwriting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2609810938775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. NORMAN L WRIGHT

Mailing Address 1507 NANTUCKET DRIVE

City	State	Zip Code
HOUSTON	TX	77057-1911

FEC ID number of contributing federal political committee.

C

 Name of Employer
 Optum Services, Inc

 Occupation
 SVP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2609812338775

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

355.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 180 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. KETAN R PATEL

Mailing Address 8072 YORKSHIRE CIRCLE

City

LA PALMA

State

CA

Zip Code

90623-2026

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Mgr Pharm Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2612523338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. CARRIE J RIVERS

Mailing Address 6368 TIMBER TRACE

City

BROWNSBURG

State

IN

Zip Code

46112-8641

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Ntwk Contract Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2612533738775

Amount of Each Receipt this Period

9.12

P/R Deduction (\$4.56 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ANDREW KREJCI

Mailing Address 19865 LAKEVIEW AVENUE

City

EXCELSIOR

State

MN

Zip Code

55331-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Comm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2614310738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.28

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 181 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTINE P LIBERATO

Mailing Address 9021 GRINDLAY ST # 300

City
CYPRESS

State
CA

Zip Code
90630-3098

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
Exec Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2614313838775

Amount of Each Receipt this Period

30.00

P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. ABIGAIL LONDON VAIL

Mailing Address 3653 DWIGHT DAVIS DR

City
TALLAHASSEE

State
FL

Zip Code
32312-1076

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2614315638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. SAMUEL O VANNORMAN

Mailing Address 6216 CONCORD AVE

City
EDINA

State
MN

Zip Code
55424-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, Inc

Occupation
VP Hlthcare Econ

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2615086038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. RANDALL L SOLOMON

Mailing Address 760 HAIGHT STREET

City	State	Zip Code
SAN FRANCISCO	CA	94117-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Behvrl Med Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2615671538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL BIRNBAUM

Mailing Address 55 DEAN STREET

City	State	Zip Code
BROOKLYN	NY	11201-6245

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2615671638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JENNIFER LORYN YOUNG

Mailing Address 321 CLINTON PLACE

City	State	Zip Code
HACKENSACK	NJ	07601-2802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
NA Vice Pres AM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2615929438775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

181.92

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 183 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. WESLEY KIRBY

Mailing Address 3213 SAGE BRUSH TRL

City
PLANOState
TXZip Code
75023-5631FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Sr Cnslt Bus Adv/Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2615957038775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. PATRICIA CAMACHO

Mailing Address 906 BLUEBIRD

City
MANCHACAState
TXZip Code
78652-4154FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2617361138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ALAN H MIRVISS

Mailing Address 73 DOWNEY

City
SAN FRANCISCOState
CAZip Code
94117-4015FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum360 Services IncOccupation
Sr Proj Mgr II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	5		

Transaction ID : PR2617361738775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

84.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 184 OF 232

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK LEE CHERRY

Mailing Address 612 BEMIS HEIGHTS PL

City

SAINT CHARLES

State

MO

Zip Code

63303-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Data/Res Anlyt Cnslt Sr Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2617922838775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. MICHAEL BAUBLIT

Mailing Address 2201 RIDGEWIND WAY

City

WINDERMERE

State

FL

Zip Code

34786-5823

FEC ID number of contributing
federal political committee.

C

Name of Employer

Optum Services, Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.36

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2617927138775

Amount of Each Receipt this Period

30.42

P/R Deduction (\$15.21 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JAY DOUGLAS PUTTERMAN

Mailing Address 7 SUNNY REACH DRIVE

City

WEST HARTFORD

State

CT

Zip Code

06117-1531

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

NA VP Clnt Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2617931338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

86.58

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 185 OF 232

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MARK OWEN JOHNSON

Mailing Address 10529 MOUNT CURVE ROAD

City	State	Zip Code
EDEN PRAIRIE	MN	55347-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Ntwk Contrctng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2617933938775

Amount of Each Receipt this Period

92.30

P/R Deduction (\$46.15 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. THERESA CAMPBELL

Mailing Address 1117 XERXES AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55405-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
Human Capital Partner Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2622562138775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. PETER GROVES JACOBY

Mailing Address 6203 STONEHAM LANE

City	State	Zip Code
MCLEAN	VA	22101-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
SVP Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3461.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2623707538775

Amount of Each Receipt this Period

384.60

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

504.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. REBECCA HUMBERT MULES

Mailing Address 660 DOVER STREET

City
BALTIMORE

State Zip Code
MD 21230-2228

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2624442638775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DAVID H JACOBSON

Mailing Address 3177 WHITE CEDAR PLACE

City
THOUSAND OAKS

State Zip Code
CA 91362-4904

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.72

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2624444338775

Amount of Each Receipt this Period

28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JENIFER JEAN FULLER JESSEP

Mailing Address 14320 KEITH COURT

City
BROOMFIELD

State Zip Code
CO 80023-9584

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1038.42

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2624445438775

Amount of Each Receipt this Period

115.38

P/R Deduction (\$57.69 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. CHRISTOPHER LOUIS COLLETTE

Mailing Address 786 CAMBERWELL DRIVE

City
EAGAN

State
MN

Zip Code
55123-3939

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP UnitedHlth Grp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2625499538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. WESLEY RYAN COWEN

Mailing Address 825 VIRGINIA PARK CIRCLE NE

City
ATLANTA

State
GA

Zip Code
30306-4081

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

KA Dir Acct Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.28

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2625532338775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JEFFREY BRENT LIVERS

Mailing Address 402 DERBY COURT

City
MEBANE

State
NC

Zip Code
27302-9452

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

Dir Gen Mgmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.94

Date of Receipt

08 / 31 / 2015

Transaction ID : PR2626346038775

Amount of Each Receipt this Period

34.76

P/R Deduction (\$17.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

188.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 OF 232

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. GREGORY M HINES

Mailing Address 3660 SILVERWOOD RD

City	State	Zip Code
WEST SACRAMENTO	CA	95691-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Dir Govt Affs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

653.82

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2626886538775

Amount of Each Receipt this Period

76.92

P/R Deduction (\$38.46 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. KIM BARNES MANNING

Mailing Address 12703 DEER CREEK DRIVE

City	State	Zip Code
OMAHA	NE	68142-1762

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Assc Dir Mktg

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2628331438775

Amount of Each Receipt this Period

34.76

P/R Deduction (\$17.38 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. LAMBERT VAN DER WALDE

Mailing Address 45 AUDUBON CAUSEWAY

City	State	Zip Code
LANTANA	FL	33462-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
SVP Hlth Reform/Modernizatr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2912.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2628332338775

Amount of Each Receipt this Period

416.00

P/R Deduction (\$208.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

527.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. LORI ANN RILEY

Mailing Address 5636 JAMES AVENUE SOUTH

City
MINNEAPOLISState
MN Zip Code
55419-1611FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
VP Human Capital Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2628834038775

Amount of Each Receipt this Period

250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. BRUCE MICHAEL JARVIE

Mailing Address 18750 KIPHEART DRIVE

City
LEESBURGState
VA Zip Code
20176-8220FEC ID number of contributing
federal political committee.

C

Name of Employer
Optum Services, IncOccupation
VP Fin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2629554538775

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. ELEANOR ADAMS HOFFMANMailing Address 2700 CONNECTICUT AVE
APT 701City
WASHINGTONState
DC Zip Code
20008-5312FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services IncOccupation
Govt Affs Dir

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2629559238775

Amount of Each Receipt this Period

111.10

P/R Deduction (\$55.55 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

472.20

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. MICHAEL J TUFFIN

Mailing Address 5904 ASHBY MANOR PLACE

City

ALEXANDRIA

State

VA

Zip Code

22310-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

SVP Public Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1071.42

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2632087938775

Amount of Each Receipt this Period

357.14

P/R Deduction (\$178.57 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. LAWRENCE DAVID PLATT

Mailing Address 3830 KING STREET

City

ALEXANDRIA

State

VA

Zip Code

22302-1906

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Comm

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2142.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2632880738775

Amount of Each Receipt this Period

714.28

P/R Deduction (\$357.14 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. JOHN M PRIBLE

Mailing Address 1923 SHIVER DR

City

ALEXANDRIA

State

VA

Zip Code

22307-1629

FEC ID number of contributing
federal political committee.

C

Name of Employer

United HealthCare Services Inc

Occupation

VP Govt Affs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

340.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Transaction ID : PR2634656638775

Amount of Each Receipt this Period

227.28

P/R Deduction (\$113.64 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

1298.70

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 OF 232

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. THOMAS PATRICK MCMAHON

Mailing Address 1808 LAUDERDALE ROAD

City
LOUISVILLE

State Zip Code
KY 40205-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
United HealthCare Services Inc

Occupation
Dir Mktg Bus Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 31 2015

Transaction ID : PR2634885138775

Amount of Each Receipt this Period

500.00

P/R Deduction (\$250.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

56559.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. People For Patty Murray

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patty MurrayCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446030

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle	State WA	Zip Code 98124
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patty MurrayCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446031

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena	State MT	Zip Code 59624
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Jon TesterCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2018
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446032

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Matsui for Congress

Mailing Address PO Box 1738

City	State	Zip Code
Sacramento	CA	95812

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Doris MatsuiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446035

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Scott Peters for Congress

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Scott PetersCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446036

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Debbie Dingell For CongressMailing Address 19855 W Outer Dr
Suite 103 AE

City	State	Zip Code
Dearborn	MI	48124

Purpose of Disbursement
Contribution

011

Candidate Name

Debbie DingellCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446037

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston	State FL	Zip Code 33326
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Debbie Wasserman SchultzCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446038

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Swalwell for Congress

Mailing Address PO Box 2847

City Dublin	State CA	Zip Code 94568
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eric Michael SwalwellCategory/
Type
 Office Sought: ☒ House
☐ Senate
☐ President

 Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446039

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Eye of the Tiger Political Action Committee

Mailing Address PO Box 2485

City Springfield	State VA	Zip Code 22152
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

011

Candidate Name

Eye of the Tiger Political Action CommitteeCategory/
Type
 Office Sought: ☐ House
☐ Senate
☐ President

 Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446040

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bilirakis for Congress

Mailing Address PO Box 606

City

Tarpon Springs

State

FL

Zip Code

34688-0606

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Gus Michael BilirakisCategory/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2016

☒

Primary

☐

General

☐

Other (specify) ▼

State: FL

District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015**Transaction ID : 38446041**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Heller For Senate

Mailing Address PO Box 371907

City

Las Vegas

State

NV

Zip Code

89137

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Dean HellerCategory/
Type

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2018

☒

Primary

☐

General

☐

Other (specify) ▼

State: NV

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015**Transaction ID : 38446042**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition PAC

Mailing Address 700 13th Street NW, Suite 600

City

Washington

State

DC

Zip Code

20005

Purpose of Disbursement
Contribution

011

Candidate Name

New Democrat Coalition PACCategory/
Type

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015**Transaction ID : 38446043**

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶

10000.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Steve Israel For Congress Committee

Mailing Address PO Box 1400

City	State	Zip Code
Melville	NY	11747

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Steve J. IsraelCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: NY	District: 03

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446044

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

B. DelBene for Congress

Mailing Address PO Box 487

City	State	Zip Code
Bothell	WA	98041

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Suzan K. DelBeneCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WA	District: 01

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446045

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. The Good Fund

Mailing Address PO Box 6572

City	State	Zip Code
Springfield	VA	22150

Purpose of Disbursement
Contribution

011

Candidate Name

The Good FundCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446046

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends for Chris Stewart, Inc.Mailing Address 10 West Broadway
Suite 500

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement
Contribution

Candidate Name

Rep. Chris StewartOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447221

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Todd Young, Inc.

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Todd Christopher YoungOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447222

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

Heartland Values PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447223

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers for Congress

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210-0137

Purpose of Disbursement
Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2015

Transaction ID : 38447224

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Marino For Congress

Mailing Address PO Box 653

City	State	Zip Code
Williamsport	PA	17703

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tom MarinoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2015

Transaction ID : 38447225

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walters for Congress

Mailing Address c/o 8001 Irvine Center Drive, #400

City	State	Zip Code
Irvine	CA	92618

Purpose of Disbursement
Contribution

Candidate Name

Ms. Mimi WaltersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		06		2015

Transaction ID : 38447226

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kristi For Congress

Mailing Address PO Box 852

City	State	Zip Code
Sioux Falls	SD	57101

Purpose of Disbursement
Contribution

Candidate Name

Rep. Kristi Lynn NoemOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447227

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lamborn for Congress

Mailing Address PO Box 64107

City	State	Zip Code
Colorado Springs	CO	80962

Purpose of Disbursement
Contribution

Candidate Name

Rep. Douglas L. LambornOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447231

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 220 1/2 E Street NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Void - Bluegrass Committee; check dated 2/5/14

Candidate Name

Bluegrass CommitteeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506931

Amount of Each Disbursement this Period

-5000.00

Void - Bluegrass Committee; check dated 2/5/14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 200 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Jaime for Congress

Mailing Address PO Box 1614

City	State	Zip Code
Ridgefield	WA	98642

Purpose of Disbursement
Void - Jaime for Congress; check dated 6/5/14

Candidate Name

Rep. Jaime Herrera-BeutlerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506935

Amount of Each Disbursement this Period

-1000.00

Void - Jaime for Congress; check dated 6/5/14

B. Dakota Prairie PAC

Full Name (Last, First, Middle Initial)

Mailing Address 600 Pennsylvania Ave SE
Ste 210

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Void - Dakota Prairie PAC; check dated 8/14/14

Candidate Name

Dakota Prairie PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506936

Amount of Each Disbursement this Period

-5000.00

Void - Dakota Prairie PAC; check dated 8/14/14

C. Titledown PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 15593

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Void - Titledown PAC; check dated 10/1/14

Candidate Name

Titledown PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506937

Amount of Each Disbursement this Period

-1500.00

Void - Titledown PAC; check dated 10/1/14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-7500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Connecticut Democratic State Central Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2015

Mailing Address 30 Arbor St
Suite 404

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contribution

011

Candidate Name

Transaction ID : 38507185

Amount of Each Disbursement this Period

5000.00

Contribution

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Crenshaw for Congress Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Mailing Address 7235 Bonneval Road
Suite 228

City Jacksonville State FL Zip Code 32256-7506

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ander Crenshaw**Transaction ID : 38507232**

Amount of Each Disbursement this Period

1000.00

Contribution

Office Sought: ☒ House
☐ Senate
☐ President
State: FL District: 04Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Katko For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2015

Mailing Address PO Box 133

City Camillus State NY Zip Code 13031

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John Katko**Transaction ID : 38507233**

Amount of Each Disbursement this Period

1000.00

Contribution

Office Sought: ☒ House
☐ Senate
☐ President
State: NY District: 24Disbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Connecticut Democratic State Central Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Mailing Address 30 Arbor St
Suite 404

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Void check dated 08.25.2015

011

Transaction ID : 38511834

Amount of Each Disbursement this Period

-5000.00

Candidate Name

Connecticut Democratic State Central CommitteeCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Void check dated 08.25.2015

Full Name (Last, First, Middle Initial)

B. Connecticut Democratic State Central Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2015

Mailing Address 30 Arbor St
Suite 404

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contribution

011

Transaction ID : 38511835

Amount of Each Disbursement this Period

5000.00

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Contribution

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00

63000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Curtis Hertel Jr For Senate

Mailing Address 2747 Southwood Dr

City
East LansingState
MIZip Code
48823Purpose of Disbursement
Contribution

011

Candidate Name

Curtis Hertel Jr

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446047

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mike Callton for State Rep

Mailing Address PO Box 676

City
NashvilleState
MIZip Code
49073Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Mike Callton

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446048

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Mike Shirkey State Senate

Mailing Address 11757 Sutfin Road

City
ClarklakeState
MIZip Code
49234Purpose of Disbursement
Contribution

011

Candidate Name

Mike Shirkey

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446049

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Rebekah Warren for State Senate

Mailing Address 234 Eighth St

City	State	Zip Code
Ann Arbor	MI	48103

Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Rebekah WarrenCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446050

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Rob VerHeulen

Mailing Address 4167 Imperial Drive

City	State	Zip Code
Walker	MI	49534

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Robert J. VerHeulenCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446054

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tim Greimel

Mailing Address PO Box 14105

City	State	Zip Code
Lansing	MI	48901

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Tim A. GreimelCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446118

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Tom Cochran to the 67th District

Mailing Address 418 Coppersmith Drive

City	State	Zip Code
Mason	MI	48854

Purpose of Disbursement
Contribution

Candidate Name

MI Rep. William T. Cochran

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446193

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Vision for Victory

Mailing Address PO Box 1189

City	State	Zip Code
Mt Pleasant	MI	48804

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446206

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Jim Ananich Senate

Mailing Address 932 Maxine St

City	State	Zip Code
Flint	MI	48503

Purpose of Disbursement
Contribution

Candidate Name

MI Sen. Jim Ananich

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		04		2015

Transaction ID : 38446226

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Jim Marleau for State Senate

Mailing Address 3181 Sandoval

City
Lake OrionState
MIZip Code
48360Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. James MarleauCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446258

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Margaret O'Brien for State Senate

Mailing Address PO Box 2318

City
PortageState
MIZip Code
49081Purpose of Disbursement
Contribution

011

Candidate Name

MI Sen. Margaret O'BrienCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446261

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michigan Association of Health Plans PAC

Mailing Address 327 Seymour Ave

City
LansingState
MIZip Code
48933Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446262

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bill Shuette for Attorney General

Mailing Address PO Box 27188

City Lansing	State MI	Zip Code 48909
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Purpose of Disbursement
Bill Shuette, ATTORNEY GENERAL MI

Candidate Name

Bill ShuetteOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2015

Transaction ID : 38446263

Amount of Each Disbursement this Period

2500.00

Bill Shuette, ATTORNEY GENERAL MI

Full Name (Last, First, Middle Initial)

B. Committee to Elect Kermit Brown

Mailing Address PO Box 817

City Laramie	State WY	Zip Code 82073
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

WY Rep. Kermit BrownOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447203

Amount of Each Disbursement this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Steve Harshman

Mailing Address 4286 Moonbeam Rd

City Casper	State WY	Zip Code 82604
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

WY Rep. Steve HarshmanOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447215

Amount of Each Disbursement this Period

350.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Phil Nicholas

Mailing Address PO Box 928

City	State	Zip Code
Laramie	WY	82073

Purpose of Disbursement
Contribution

011

Candidate Name

WY Sen. Phil NicholasCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447216

Amount of Each Disbursement this Period

400.00

Contribution

Full Name (Last, First, Middle Initial)

B. Drew Perkins for State Senate

Mailing Address 1133 Granada Ave

City	State	Zip Code
Casper	WY	82601

Purpose of Disbursement
Contribution

011

Candidate Name

WY Sen. Drew PerkinsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447217

Amount of Each Disbursement this Period

350.00

Contribution

Full Name (Last, First, Middle Initial)

C. Re-Elect Charlie Scott

Mailing Address 13900 State Highway 487

City	State	Zip Code
Casper	WY	82604

Purpose of Disbursement
Contribution

011

Candidate Name

Senator Charles ScottCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447218

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Re-Elect Elaine Harvey

Mailing Address 792 Garfield Ave

City	State	Zip Code
Lovell	WY	82431

Purpose of Disbursement
Contribution

011

Candidate Name

WY Rep. Elaine HarveyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2015

Transaction ID : 38447219

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Eddie Lucio III Campaign

Mailing Address 701 Morelos

City	State	Zip Code
Rancho Viejo	TX	78575

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Eddie Lucio IIICategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465024

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Juan Hinojosa Campaign

Mailing Address 423 Nolana Avenue

City	State	Zip Code
McAllen	TX	78504

Purpose of Disbursement
Contribution

011

Candidate Name

TX Sen. Juan HinojosaCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465025

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Texans for Kelly Hancock SPAC

Mailing Address 4908 Dory Court

City	State	Zip Code
North Richland Hills	TX	76180

Purpose of Disbursement
Contribution

011

Candidate Name

TX Sen. Kelly HancockCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465026

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Representative Richard Pena Raymond Future of Texas Fund

Mailing Address PO Box 450349

City	State	Zip Code
Laredo	TX	78045

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Richard Pena RaymondCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465031

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jodie Laubenberg Campaign

Mailing Address 7221 Moss Ridge Rd

City	State	Zip Code
Parker	TX	75002

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Jodie LaubenbergCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465034

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Brandon CreightonMailing Address 17530 St Luke's Way
Ste 390

City The Woodlands State TX Zip Code 77384

Purpose of Disbursement
Contribution

Candidate Name

Brandon CreightonOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2015

Transaction ID : 38465036

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Elect James Settelmeyer for Senate

Mailing Address 770 Hwy 395

City Gardnerville State NV Zip Code 89410

Purpose of Disbursement
Void - Elect James Settelmeyer for Senate; check dated 7/30/14

Candidate Name

NV Sen. James SettelmeyerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506933

Amount of Each Disbursement this Period

-500.00

Void - Elect James Settelmeyer for Senate; check dated 7/30/14

Full Name (Last, First, Middle Initial)

C. Jessica Farrar Campaign

Mailing Address PO Box 30099

City Houston State TX Zip Code 77249

Purpose of Disbursement
Void - Jessica Farrar Campaign; check dated 5/1/14

Candidate Name

TX Rep. Jessica FarrarOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		20		2015

Transaction ID : 38506934

Amount of Each Disbursement this Period

-1000.00

Void - Jessica Farrar Campaign; check dated 5/1/14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Garnett for Colorado

Mailing Address 1364 Corona St

City	State	Zip Code
Denver	CO	80218

Purpose of Disbursement
Void - Garnett for Colorado; check dated 8/19/14

Candidate Name

Alec GarnettOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 38506948

Amount of Each Disbursement this Period

-200.00

Void - Garnett for Colorado; check dated 8/19/14

Full Name (Last, First, Middle Initial)

B. Brian Calley for Michigan

Mailing Address PO Box 16173

City	State	Zip Code
Lansing	MI	48901

Purpose of Disbursement
Void - Brian Calley for Michigan; check dated 10/15/14

Candidate Name

Brian CalleyOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 38506949

Amount of Each Disbursement this Period

-500.00

Void - Brian Calley for Michigan; check dated 10/15/14

Full Name (Last, First, Middle Initial)

C. Committee to Elect Walt Leger III, LLCMailing Address 5500 Prytania St
#113

City	State	Zip Code
New Orleans	LA	70170

Purpose of Disbursement
Void - Committee to Elect Walt Leger III, LLC; check dated 10/16/14

Candidate Name

LA Rep. Walter J. Leger IIIOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	20	/	2015

Transaction ID : 38506950

Amount of Each Disbursement this Period

-750.00

Void - Committee to Elect Walt Leger III, LLC; check dated 10/16/14

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-1450.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Ken Yonker for State Rep

Mailing Address 3820 100th St

City	State	Zip Code
Caledonia	MI	49316

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Ken Yonker

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38507444

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B. Committee to Elect Klint Kesto

Mailing Address PO Box 1193

City	State	Zip Code
Walled Lake	MI	48382

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Klint Kesto

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38507446

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect Winnie Brinks

Mailing Address 2060 Osceola Dr. SE

City	State	Zip Code
Grand Rapids	MI	49506

Purpose of Disbursement
Contribution

011

Candidate Name

MI Rep. Winnie T. Brinks

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38507447

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. David Knezek for Senate

Mailing Address PO Box 867

City	State	Zip Code
Dearborn Heights	MI	48127

Purpose of Disbursement
Contribution

Candidate Name

David Knezek

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38507803

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Goeff Hansen for Senate

Mailing Address PO Box 167

City	State	Zip Code
Hart	MI	49420

Purpose of Disbursement
Contribution

Candidate Name

MI Sen. Goeffrey M. Hansen

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38507816

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect John Bizon for State RepresentativeMailing Address 5420 A Beckley Rd
#349

City	State	Zip Code
Battle Creek	MI	49015

Purpose of Disbursement
Contribution

Candidate Name

MI Rep. John Bizon

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508185

Amount of Each Disbursement this Period

250.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1250.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Bobby Guerra CampaignMailing Address 10213 N. 10th Street
Ste B

City McAllen State TX Zip Code 78504

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Roberto Bobby GuerraOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508724

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Carlos Uresti Campaign

Mailing Address 924 McCullough Ave

City San Antonio State TX Zip Code 78215

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Carlos UrestiOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508726

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cesar Blanco Campaign

Mailing Address 701 Magoffin Ave

City El Paso State TX Zip Code 79926

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Cesar BlancoOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508779

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Charles Perry Campaign

Mailing Address P.O. Box 53730

City	State	Zip Code
Lubbock	TX	79453

Purpose of Disbursement
Contribution

011

Candidate Name

TX Sen. Charles PerryCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508780

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Charlie Geren Campaign

Mailing Address 16 Valley Ridge

City	State	Zip Code
Fort Worth	TX	76107

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Charles GerenCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508839

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cindy Burkett for State Representative

Mailing Address 305 Brookwood Forest

City	State	Zip Code
Sunnyvale	TX	75182

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Cindy BurkettCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38508840

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Re-Elect Garnet Coleman

Mailing Address PO Box 88140

City	State	Zip Code
Houston	TX	77288

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Garnet ColemanCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520902

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Donna Howard Campaign

Mailing Address PO Box 5375

City	State	Zip Code
Austin	TX	78763

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Donna HowardCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520903

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Drew Darby Campaign

Mailing Address PO Box 3284

City	State	Zip Code
San Angelo	TX	76902

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. Drew DarbyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520904

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Dan Huberty

Mailing Address 1 E Greenway Plaza, Suite 225

City	State	Zip Code
Houston	TX	77046

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Dan Huberty

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520905

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Larry Taylor

Mailing Address PO Box 1208

City	State	Zip Code
Friendswood	TX	77549

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Larry Taylor

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520906

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Susan King

Mailing Address 702 Sayles Boulevard

City	State	Zip Code
Abilene	TX	79605

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Susan King

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520907

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. George P Bush Campaign

Mailing Address P.O. Box 26677

City	State	Zip Code
Austin	TX	78755

Purpose of Disbursement
Contribution

Candidate Name

George Bush

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520908

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Dr. Greg Bonnen

Mailing Address PO Box 1183

City	State	Zip Code
Friendswood	TX	77549

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Greg Bonnen

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520909

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jessica Farrar Campaign

Mailing Address PO Box 30099

City	State	Zip Code
Houston	TX	77249

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Jessica Farrar

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520910

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. John Frullo Campaign

Mailing Address 4024 75th Street

City	State	Zip Code
Lubbock	TX	79423

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. John FrulloCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520912

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. John Otto Campaign

Mailing Address PO Box 965

City	State	Zip Code
Dayton	TX	77535

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. John OttoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520913

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of John Zerwas

Mailing Address 1012 Morton Street

City	State	Zip Code
Richmond	TX	77469

Purpose of Disbursement
Contribution

011

Candidate Name

TX Rep. John ZerwasCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520914

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Kenneth Sheets for State RepresentativeMailing Address 2200 Ross Ave.,
Ste 2200City State Zip Code
Dallas TX 75201Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Kenneth F. SheetsOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520915

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kirk Watson Campaign

Mailing Address PO Box 2004

City State Zip Code
Austin TX 78768Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Kirk WatsonOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520916

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Larry Gonzales Campaign

Mailing Address PO Box 2501

City State Zip Code
Round Rock TX 78680Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Larry GonzalesOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520917

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Lois Kolkhorst for Texas Senate

Mailing Address PO Box 2546

City	State	Zip Code
Brenham	TX	77834

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Lois Kolkhorst

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	--

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520919

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Robert Nichols Campaign

Mailing Address PO Box 2347

City	State	Zip Code
Jacksonville	TX	75766

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Robert Nichols

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520920

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Sarah Davis Campaign

Mailing Address 4203 Tennyson Street

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Sarah Davis

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520921

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 223 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Senfronia Thompson CampaignMailing Address 8611 Peachtree
Suite 300

City Houston State TX Zip Code 77016

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Senfronia ThompsonOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520922

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sid Miller Campaign

Mailing Address 6407 S US Hwy, 377

City Stephenville State TX Zip Code 76401

Purpose of Disbursement
Contribution

Candidate Name

Sid MillerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520924

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Tan Parker Campaign

Mailing Address PO Box 271741

City Flower Mound State TX Zip Code 75027

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Tan ParkerOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520925

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 224 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Texans for Charles Schwertner

Mailing Address PO Box 2448

City	State	Zip Code
Georgetown	TX	78627-2448

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Charles Schwertner MD

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520926

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Texans for Dan PatrickMailing Address 1 E Greenway Plaza
Ste 225

City	State	Zip Code
Houston	TX	77046

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Dan Patrick

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520927

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans for Joan Huffman

Mailing Address 3375 W. Park Dr. Ste 135

City	State	Zip Code
Houston	TX	77005

Purpose of Disbursement
Contribution

Candidate Name

TX Sen. Joan Huffman

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520928

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 225 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. The Campaign To Elect Walter ('Four') Price

Mailing Address 2606 S. Lipscomb

City Amarillo	State TX	Zip Code 79109-2332
------------------	-------------	------------------------

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Walter Four Price

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520929

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Todd Hunter Campaign

Mailing Address 445 Cape Henry

City Corpus Christi	State TX	Zip Code 78412
------------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

TX Rep. Todd Hunter

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
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Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520930

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Van Taylor Campaign

Mailing Address PO Box 261676

City Plano	State TX	Zip Code 75026
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Purpose of Disbursement
Contribution

Candidate Name

Nicholas Van Taylor

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520931

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Citizens for Tiffany

Mailing Address PO Box 59

City	State	Zip Code
Merrill	WI	54452

Purpose of Disbursement
Contribution

Candidate Name

Tom Tiffany

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520932

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Alberta Darling

Mailing Address 1478 Noridge Trail

City	State	Zip Code
Port Washington	WI	53074

Purpose of Disbursement
Contribution

Candidate Name

Alberta Darling

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520933

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Devin LeMahieu

Mailing Address PO Box 700200

City	State	Zip Code
Oostburg	WI	53070

Purpose of Disbursement
Contribution

Candidate Name

WI Sen. Devin Lemahieu

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520934

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Terry Moulton

Mailing Address 2863 S. Prairie View Road

City	State	Zip Code
Chippewa Falls	WI	54729

Purpose of Disbursement
Contribution

011

Candidate Name

WI Sen. Terry MoultonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520935

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Harsdorf for Senate

Mailing Address PO Box 888

City	State	Zip Code
River Falls	WI	54022

Purpose of Disbursement
Contribution

011

Candidate Name

Sheila HarsdorfCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520936

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Taxpayers for Marklein

Mailing Address S11665 Soeldner Road

City	State	Zip Code
Spring Green	WI	53588

Purpose of Disbursement
Contribution

011

Candidate Name

WI Sen. Howard MarkleinCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520937

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 228 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Jerry Petrowski for State Senate

Mailing Address 720 North 136th Avenue

City Marathon	State WI	Zip Code 54448
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Jerry Petrowski

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : 38520938

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jon Erpenbach Senate Committee

Mailing Address PO Box 628351

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

WI Sen. Jon Erpenbach

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : 38520939

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Luther Olsen for State Senate

Mailing Address 1023 Thomas Street

City Ripon	State WI	Zip Code 54971
---------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

WI Sen. Luther Olsen

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2015

Transaction ID : 38520940

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

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	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

UnitedHealth Group Incorporated PAC (United for Health)

A. People for Rebecca

011

Rebecca Kleefisch

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: District:

B. People for Rebecca

011

500.00

Rebecca Kleefisch

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Contribution

State: District:

Full Name (Last, First, Middle Initial)

C. Roger Roth for Wisconsin

011

1000.00

Roger Roth

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Contribution

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Scott Fitzgerald for Senate

Mailing Address N4692 Maple Road

City

Juneau

State

WI

Zip Code

53039

Purpose of Disbursement
Contribution

011

Candidate Name

WI Sen. Scott FitzgeraldCategory/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520944

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Shilling for Senate

Mailing Address PO Box 1261

City

La Crosse

State

WI

Zip Code

54602-1261

Purpose of Disbursement
Contribution

011

Candidate Name

WI Sen. Jennifer ShillingCategory/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520945

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Taxpayers for Lasee

Mailing Address PO Box 5403

City

DePere

State

WI

Zip Code

54115

Purpose of Disbursement
Contribution

011

Candidate Name

Frank LaseeCategory/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For:

☐ Primary☐ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520946

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 231 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Leah Vukmir

Mailing Address PO Box 13903

City	State	Zip Code
Wauwatosa	WI	53213

Purpose of Disbursement
Contribution

Candidate Name

Leah Vukmir

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520947

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alliance of Health Insurers PACMailing Address 44 E Mifflin
Suite 901

City	State	Zip Code
Madison	WI	53703

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520948

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee to Elect a Republican Senate

Mailing Address PO Box 2741

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Transaction ID : 38520949

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 232 OF 232

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. State Senate Democratic Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2015

Mailing Address c/o Mark Miller, Treasurer
PO Box 164

City Madison State WI Zip Code 53701

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : 38520950

Amount of Each Disbursement this Period

1500.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

71300.00